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PROPOSED ATTORNEYS FOR DEBTOR
AND DEBTOR IN POSSESSION

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF TEXAS
FORT WORTH DIVISION**

In re:	§	Chapter 11
	§	
LION STAR NACOGDOCHES HOSPITAL,	§	Case No. 23-43535-MXM-11
LLC d/b/a NACOGDOCHES MEMORIAL	§	
HOSPITAL,	§	
	§	
Debtor.	§	
	§	

GLOBAL NOTES REGARDING DEBTOR'S SCHEDULES

These Global Notes (the “Global Notes”) regarding the Schedules of Lion Star Nacogdoches Hospital, LLC, d/b/a Nacogdoches Memorial Hospital (the “Debtor”) comprise an integral part of the Schedules of Assets and Liabilities and should be referred to and considered in connection with any review of them.

The Debtor's Schedules of assets, liabilities, executory contracts and unexpired leases, and co-debtors (collectively, the “Schedules”) have been prepared pursuant to section 521 of title 11 of the United States Code, U.S.C. §§ 101, et seq. (the “Bankruptcy Code”), and Rule 1007 of the Federal Rules of Bankruptcy Procedure (the “Bankruptcy Rules”) by personnel of the Debtor with the assistance of its advisors. The Global Notes pertain to all of the Schedules. The Schedules are unaudited.

The financial affairs and business of the Debtor are complex. While the Debtor's management has made reasonable efforts to ensure that the Schedules are accurate and complete based on information that was available to them at the time of preparation, the subsequent receipt or discovery of information and/or further review and analysis of the Debtor's books and records may result in material changes to financial data and other information contained in the Schedules. Moreover, because the Schedules contain unaudited information, which is subject to further review and potential adjustment, there can be no assurance that the Schedules are complete and accurate. Furthermore, nothing contained in the Schedules shall constitute a waiver of the Debtor's rights or an admission with respect to this chapter 11 case, including, without limitation, any issues involving equitable subordination and/or causes of action arising under the provisions of chapter 5 of the Bankruptcy Code and other relevant applicable laws to recover assets or avoid transfers.

Agreements Subject to Confidentiality. There may be instances within the Schedules where names, addresses or amounts have been left blank. Due to the nature of an agreement between the Debtor and the third party, concerns of confidentiality or concerns for the privacy of an individual, the Debtor may have deemed it appropriate and necessary to avoid listing such names, addresses and amounts.

Amendment. While reasonable efforts were made to file complete and accurate Schedules, inadvertent errors or omissions may exist. The Debtor reserves all rights to amend and/or supplement its Schedules as is necessary and appropriate.

Basis of Presentation. While the Schedules, at times, incorporate information prepared in accordance with generally accepted accounting principles (“GAAP”), the Schedules do not purport to represent financial information prepared in accordance with GAAP.

Causes of Action. The Debtor, despite its best efforts, may not have identified or set forth all of its causes of action (filed or potential) as assets in its Schedules. The Debtor reserves all of its rights with respect to any causes of action it may have and neither these Global Notes nor the Schedules shall be deemed a waiver of any such causes of action.

Claims Description. Any failure to designate an amount on the Debtor's Schedules as “disputed,” “contingent” or “unliquidated” does not constitute an admission by the Debtor that such

amount is not “disputed,” “contingent” or “unliquidated.” The Debtor reserves the right to dispute any claim reflected on its Schedules on any grounds including, without limitation, amount, liability, validity, priority or classification, or to otherwise subsequently designate such claims as “disputed,” “contingent” or “unliquidated.” The Debtor reserves its rights to object to any scheduled claims.

Current Value of Assets. It would be prohibitively expensive, unduly burdensome and an inefficient use of resources for the Debtor to obtain current valuations of all of its assets. Accordingly, unless otherwise indicated, net book values, rather than current market valuations, of the Debtor’s interests in assets are reflected on the Schedules. For this reason, amounts ultimately realized may vary from net book value and such variance may be material. As applicable, assets that have been fully depreciated or were expensed for accounting purposes have no net book value.

Date. Unless otherwise indicated, the values reflected on the Schedules are as of November 17, 2023 (the “Petition Date”).

Estimates. The preparation of the Schedules required the Debtor to make certain estimates and assumptions that affect the reported amounts of its assets and liabilities. Actual results could differ from those estimates.

Insiders. Persons and entities listed as “insiders” have been included for informational purposes only and should not be construed as a legal characterization of such party as an insider and does not act as an admission of any fact, claim, right or defense and all such rights, claims and defenses are hereby expressly reserved. Further, the Debtor does not take any position with respect to (a) any person’s influence over the control of the Debtor, (b) the management responsibilities or functions of such individual, (c) the decision-making or corporate authority of such individual or (d) whether such individual could successfully argue that he or she is not an “insider” under applicable law. The Debtor presumes that persons who are not corporate officers of the Debtor are not “officers” for purposes of determining insider status, regardless of job title.

Inventory. Inventory, where applicable, is presented without consideration for any potential liens asserted by domestic common carriers, shippers, truckers, or similar liens.

Liabilities Generally. Some of the Debtor’s scheduled liabilities are unknown and/or unliquidated at this time. In such cases, the amounts may be listed as “Unknown” or “Undetermined.” As a result, the Debtor’s Schedules do not accurately reflect the aggregate amount of the Debtor’s liabilities, which may differ materially from those stated in the Schedules.

Prepetition and Postpetition Liabilities. The Debtor has sought to allocate liabilities between prepetition and postpetition periods based on information from research that was conducted in connection with the preparation of the Schedules. As additional information becomes available and further research is conducted, the allocation of liabilities between prepetition and postpetition periods may change.

Schedule A/B – Real and Personal Property. Accounts receivable amounts in Part 3 are reported at net realizable amounts due from patients, third-party payors and others that the Debtor expects to receive in exchange for providing patient care.

Schedule D – Creditors Holding Secured Claims. The Debtor has not included on Schedule D entities that may believe their claims are secured through setoff rights, deposits posted by or on behalf of the Debtor, or inchoate statutory lien rights. Except as otherwise agreed pursuant to a stipulation or agreed order or general order entered by the Bankruptcy Court, the Debtor reserves its right to dispute or challenge, among other things, the validity, perfection or immunity from avoidance of any lien purported to be granted or perfected in any specific asset to a creditor listed on Schedule D. Moreover, although the Debtor may have scheduled claims of various creditors as secured claims, the Debtor reserves all rights to dispute or challenge the secured nature of any such creditor's claim or the characterization of the structure of any such transaction or any document or instrument related to such creditor's claim. For instance, the inclusion of a counterparty to a lease in Schedule D is not an admission that such lease constitutes a capital lease, and the Debtor reserves all rights to contend that the referenced agreement is, instead, an operating lease. The descriptions provided in Schedule D are intended only to be a summary. Reference to the applicable loan agreements and related documents is necessary for a complete description of the collateral and the nature, extent and priority of any liens. Nothing in the Global Notes or the Schedules shall be deemed a modification or interpretation of the terms of such agreements. The Debtor reserves the right to dispute the tax assessed value for any of the taxable assets.

Schedule E/F – Creditors Holding Unsecured Claims. Schedule E/F does not include claims held by employees and physicians as of the Petition Date that were paid post-petition pursuant to Court Order. Schedule E/F does not include certain deferred charges, deferred liabilities or general reserves. Such amounts may, however, be reflected on the Debtor's books and records as required in accordance with GAAP. Such accruals are general estimates of liabilities and do not represent specific claims as of the Petition Date. The claims listed in Schedule E/F arose or were incurred on various dates. In certain instances, the date on which a claim arose is an open issue of fact. While best efforts have been made, determination of each date upon which each claim in Schedule E/F was incurred or arose would be unduly burdensome and cost prohibitive and, therefore, the Debtor does not list a date for each claim listed on Schedule E/F. The Debtor reserves its rights to dispute or challenge whether creditors listed on Schedule E/F, Part 1, are entitled to priority claims.

Schedule G – Executory Contracts and Unexpired Leases. The business of the Debtor is complex. While reasonable efforts have been made to ensure the accuracy of Schedule G regarding executory contracts and unexpired leases, inadvertent errors, omissions or overinclusion may have occurred. The Debtor hereby reserves all of its rights to dispute the validity, status or enforceability of any contract, agreement or lease set forth on Schedule G that may have expired or may have been modified, amended and supplemented from time to time by various amendments, restatements, waivers, estoppel certificates, letters and other documents, instruments, and agreements which may not be listed on Schedule G. Certain of the leases and contracts listed on Schedule G may contain certain renewal options, guarantees of payment,

options to purchase, rights of first refusal, and other miscellaneous rights. Such rights, powers, duties and obligations are not set forth on Schedule G. Certain executory agreements may not have been memorialized in writing and could be subject to dispute. In addition, the Debtor may have entered into various other types of agreements in the ordinary course of business, such as easements, right of way, subordination, non-disturbance, and attornment agreements, supplemental agreements, amendment/letter agreements, title agreements and confidentially agreements. Such documents may not be set forth on Schedule G. The Debtor reserves all of its rights to dispute or challenge the characterization of the structure or substances of any transaction, or any document or instrument. In the ordinary course of business, the Debtor may have entered into agreements, written or oral, for the provision of certain services on a month-to-month or at-will basis. Such contracts may not be included on Schedule G. The Debtor, however, reserves the right to assert that such agreements constitute executory contracts. Listing a contract, agreement or lease on Schedule G does not constitute an admission that such contract, agreement or lease is an executory contract or unexpired lease or that such contract or agreement was in effect on the Petition Date or is valid or enforceable. The Debtor reserves all rights to challenge whether any of the listed contracts, agreements, leases or other documents constitute an executory contract or unexpired lease, including if any are unexpired real property leases. The Debtor reserves all rights to contend that any of the listed leases are capital leases rather than operating leases. Any and all of the Debtor's rights, claims and causes of action with respect to the contracts and agreements listed on Schedule G are hereby reserved and preserved. Omission of a contract, agreement or lease from Schedule G does not constitute an admission that such omitted contract or agreement is not an executory contract or unexpired lease. The Debtor's rights under the Bankruptcy Code with respect to any such omitted contracts, agreements or leases are not impaired by the omission. Schedule G may be amended at any time to add any omitted contract, agreement or lease. For any executory contract or unexpired lease that purportedly may have been assigned to the Debtor, but for which there is not documentation to support the purported assignment, neither the executory contract nor unexpired lease (or related claim) has been included on the Schedules.

Totals. All totals that are included in the Schedules represent totals of all known amounts included in the Debtor's books and records at the time of the Petition Date. To the extent there are unknown or undetermined amounts, the actual total may be different than the listed total, at times materially.

* * *

The Debtor and its agents, attorneys and financial advisors do not guarantee or warrant the accuracy, completeness, or currentness of the data that is provided herein and shall not be liable for any loss or injury arising out of or caused in whole or in part by the acts, errors or omissions, whether negligent or otherwise, in procuring, compiling, collecting, interpreting, reporting, communication or delivering the information contained herein. While every effort has been made to provide accurate and complete information herein, inadvertent errors and omissions may exist.

Fill in this information to identify the caseDebtor name Lion Star Nacogdoches Hospital, LLCUnited States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXASCase number 23-43535-mxm11
(if known)☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets -- Real and Personal Property****12/15**

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

2. Cash on hand\$2,100.00**3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1. <u>Prosperity Bank Accounts Payable</u>	<u>Checking account</u>	<u>8 3 1 1</u>	<u>\$1,081.49</u>
3.2. <u>Prosperity Bank Operating Account</u>	<u>Checking account</u>	<u>8 2 8 1</u>	<u>\$0.00</u>
3.3. <u>Prosperity Bank Payroll Account</u>	<u>Checking account</u>	<u>8 3 0 3</u>	<u>\$0.00</u>
3.4. <u>Prosperity Bank Commercial Account</u>	<u>Checking account</u>	<u>8 3 3 8</u>	<u>\$0.00</u>
3.5. <u>Prosperity Bank Government Account</u>	<u>Checking account</u>	<u>8 3 4 6</u>	<u>\$0.00</u>
3.6. <u>Prosperity Bank NMPG Lockbox</u>	<u>Checking account</u>	<u>8 5 8 3</u>	<u>\$0.00</u>
3.7. <u>Prosperity Bank MERP Account</u>	<u>Checking account</u>	<u>8 6 9 9</u>	<u>\$0.00</u>
3.8. <u>Prosperity Bank LPPF Account</u>	<u>Checking account</u>	<u>8 8 1 8</u>	<u>\$0.00</u>

4. Other cash equivalents (Identify all)

Name of institution (bank or brokerage firm)

5. Total of Part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$3,181.49

Part 2: Deposits and prepayments**6. Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.
☒ Yes. Fill in the information below.

		Current value of debtor's interest
7. Deposits, including security deposits and utility deposits		
Description, including name of holder of deposit		
7.1.	<u>Retainer to ForsheyProstok, LLP</u>	<u>\$106,202.00</u>
7.2.	<u>Retainer to Reed, Claymon, Meeker, Krienke and Spurck, PLLC</u>	<u>\$80,000.00</u>
7.3.	<u>Retainer to Fenley & Bate, LLP</u>	<u>\$80,000.00</u>
8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent		
Description, including name of holder of prepayment		
8.1.	<u>PC Connection</u>	<u>\$1,187.39</u>
8.2.	<u>Nuance Communications maintenance and support</u>	<u>\$10,296.09</u>
8.3.	<u>MCN Healthcare annual license fee</u>	<u>\$7,210.03</u>
8.4.	<u>TriSource annual credentialing</u>	<u>\$57,752.92</u>
8.5.	<u>Garlic Media annual media contract</u>	<u>\$9,433.33</u>
8.6.	<u>Network Box gateway service</u>	<u>\$21,570.36</u>
8.7.	<u>TTUHSC - Health.ED continuing education services</u>	<u>\$3,921.39</u>
8.8.	<u>Biomerieux contract</u>	<u>\$114.70</u>
8.9.	<u>Premier Software Assoc., Inc annual subsription fee</u>	<u>\$35,641.98</u>
8.10.	<u>Biomerieux BioFire Torch extended warranty</u>	<u>\$19,150.87</u>
8.11.	<u>3M coding software</u>	<u>\$10,138.19</u>
8.12.	<u>TASC FMLA admin and renewal fee</u>	<u>\$9,610.29</u>
8.13.	<u>Pitney Bowes SendPro P Series</u>	<u>\$1,688.88</u>
8.14.	<u>TASC ERISAEdge</u>	<u>\$1,733.82</u>
8.15.	<u>PULSARA annual dues</u>	<u>\$15,812.50</u>
8.16.	<u>eCapital Healthcare Corp. (Foley & Lardner, LLP)</u>	<u>\$30,000.00</u>
8.17.	<u>Tokio Marine Insurance</u>	<u>\$111,050.90</u>
8.18.	<u>Travelers/Bank Direct Capital Finance</u>	<u>\$93,599.91</u>
8.19.	<u>Texas Hospital Insurance Exchange</u>	<u>\$226,421.81</u>
8.20.	<u>Argonaut Insurance Company</u>	<u>\$59.84</u>
8.21.	<u>Bank Direct Capital Finance</u>	<u>\$187,761.04</u>
9. Total of Part 2.		\$1,120,358.24
Add lines 7 through 8. Copy the total to line 81.		

Part 3: Accounts receivable**10. Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.
☒ Yes. Fill in the information below.

Debtor Lion Star Nacogdoches Hospital, LLC
Name

Case number (if known) 23-43535-mxm11

Current value of
debtor's interest

11. Accounts receivable

11a. 90 days old or less: \$24,082,335.00 - \$18,904,478.00 = → \$5,177,857.00
face amount doubtful or uncollectible accounts

11b. Over 90 days old: \$27,762,907.00 - \$22,073,254.00 = → \$5,689,653.00
face amount doubtful or uncollectible accounts

12. Total of Part 3

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$10,867,510.00

Part 4: Investments

13. Does the debtor own any investments?

- ☒ No. Go to Part 5.
☐ Yes. Fill in the information below.

Valuation method
used for current value

Current value of
debtor's interest

14. Mutual funds or publicly traded stocks not included in Part 1

Name of fund or stock:

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of entity: % of ownership:

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

17. Total of Part 4

Add lines 14 through 16. Copy the total to line 83.

\$0.00

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☐ No. Go to Part 6.
☒ Yes. Fill in the information below.

General description

Date of the
last physical
inventory
MM/DD/YYYY

Net book value of
debtor's interest
(Where available)

Valuation method
used for current value

Current value of
debtor's interest

19. Raw materials

20. Work in progress

21. Finished goods, including goods held for resale

22. Other inventory or supplies

Inventory or supplies 06/30/2023 \$979,172.00 Cost \$1,011,864.00

23. Total of Part 5

Add lines 19 through 22. Copy the total to line 84.

\$1,011,864.00

24. Is any of the property listed in Part 5 perishable?

- ☐ No
☒ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

☐ No
☒ Yes. Book value \$137,266.00 Valuation method Cost Current value \$137,266.00

Debtor Lion Star Nacogdoches Hospital, LLC
Name

Case number (if known) 23-43535-mxm11

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming or fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops--either planted or harvested			
29. Farm animals <i>Examples:</i> Livestock, poultry, farm-raised fish			
30. Farm machinery and equipment (Other than titled motor vehicles)			
31. Farm and fishing supplies, chemicals, and feed			
32. Other farming and fishing-related property not already listed in Part 6			
33. Total of Part 6. Add lines 28 through 32. Copy the total to line 85.			<div>\$0.00</div>
34. Is the debtor a member of an agricultural cooperative?			
<input type="checkbox"/> No			
<input type="checkbox"/> Yes. Is any of the debtor's property stored at the cooperative?			
<input type="checkbox"/> No			
<input type="checkbox"/> Yes			
35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?			
<input type="checkbox"/> No			
<input type="checkbox"/> Yes. Book value _____ Valuation method _____ Current value _____			
36. Is a depreciation schedule available for any of the property listed in Part 6?			
<input type="checkbox"/> No			
<input type="checkbox"/> Yes			
37. Has any of the property listed in Part 6 been appraised by a professional within the last year?			
<input type="checkbox"/> No			
<input type="checkbox"/> Yes			

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.
☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture			
Office furniture	\$345,077.00	Cost	\$345,077.00
40. Office fixtures			
41. Office equipment, including all computer equipment and communication systems equipment and software			
Office equipment	\$743,482.00	Cost	\$743,482.00

Debtor Lion Star Nacogdoches Hospital, LLC
Name

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42. Collectibles *Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. Total of Part 7.

Add lines 39 through 42. Copy the total to line 86.

\$1,088,559.00

44. Is a depreciation schedule available for any of the property listed in Part 7?

- ☐ No
☒ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☐ No. Go to Part 9.
☒ Yes. Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1. <u>2020 Lincoln Nautilus VIN X1604</u>	<u>\$31,728.71</u>	<u>NBV</u>	<u>\$31,728.71</u>
47.2. <u>2020 Chrysler Rehab Van VIN X3513</u>			<u>Unknown</u>
47.3. <u>2004 Ford F150 Maintenance VIN X5646</u>			<u>Unknown</u>
47.4. <u>2008 Ford E250 Materials Mgmt. Van VIN X3383</u>			<u>Unknown</u>
47.5. <u>2017 MOTO EZ Cart VIN X1411</u>			<u>Unknown</u>
47.6. <u>Kawasaki Utility Cart Maintenance VIN X300C</u>			<u>Unknown</u>
47.7. <u>Gator Golf Cart Maintenance VIN X7309</u>			<u>Unknown</u>

48. Watercraft, trailers, motors, and related accessories *Examples:* Boats trailers, motors, floating homes, personal watercraft, and fishing vessels

49. Aircraft and accessories

50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

Other equipment - see Addendum 1 \$2,703,110.89

51. Total of Part 8.

Add lines 47 through 50. Copy the total to line 87.

\$2,734,839.60

52. Is a depreciation schedule available for any of the property listed in Part 8?

- ☐ No
☒ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 9: Real property

54. Does the debtor own or lease any real property?

- ☐ No. Go to Part 10.
☒ Yes. Fill in the information below.

Debtor Lion Star Nacogdoches Hospital, LLC
Name

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55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1. Nacogdoches Memorial Hospital Building 1204 N. Mound St., Nacogdoches, TX 75961	<u>Lessee</u>			<u>Unknown</u>
55.2. Nacogdoches Diagnostic Center 1023 N. Mound St., Suites A, B And H, Nacogdoches, TX 75961	<u>Lessee</u>			<u>Unknown</u>
55.3. Cecil Bomar Rehabilitation Center 707 Woods St., Nacogdoches, TX 75961	<u>Lessee</u>			<u>Unknown</u>
55.4. Care First Clinic – Garrison 130 South Hwy. 59 Nacogdoches, TX 75964	<u>Lessee</u>			<u>Unknown</u>
55.5. Accounting/Finance Building 914 Raguet St., Nacogdoches, TX 75961	<u>Lessee</u>			<u>Unknown</u>
55.6. Purchasing Receiving Building 801 North St. Nacogdoches, TX 75961	<u>Lessee</u>			<u>Unknown</u>
55.7. Earl Elliott Medical Center 1018 N. Mound St., Nacogdoches, TX 75961	<u>Lessee</u>			<u>Unknown</u>
55.8. Coussen Building 1002 & 1004 N. Mound St., Nacogdoches, TX 75961	<u>Lessee</u>			<u>Unknown</u>
55.9. Care First Clinic Nacogdoches Women's Health Clinic 1106/1108 South St., Nacogdoches, TX 75964	<u>Lessee</u>			<u>Unknown</u>
55.10. 3604 Lawson Parkway Nacogdoches, TX 75965	<u>Lessee</u>			<u>Unknown</u>

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$0.00

57. Is a depreciation schedule available for any of the property listed in Part 9?

- ☒ No
☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 10: Intangibles and Intellectual Property**59. Does the debtor have any interests in intangibles or intellectual property?**

- ☐ No. Go to Part 11.
☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets			
61. Internet domain names and websites			
<u>https://nacmen.org/</u>			<u>Unknown</u>
62. Licenses, franchises, and royalties			
<u>See attached Addendum 2</u>			<u>Unknown</u>
63. Customer lists, mailing lists, or other compilations			
<u>Patient lists</u>			<u>Unknown</u>
64. Other intangibles, or intellectual property			
<u>See attached Addendum 3</u>			<u>Unknown</u>

65. Goodwill**66. Total of Part 10.**

Add lines 60 through 65. Copy the total to line 89.

\$0.00**67. Do your lists or records include personally identifiable information of customers** (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- ☐ No
☒ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☒ No
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 11: All other assets**70. Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.
☒ Yes. Fill in the information below.

	Current value of debtor's interest
71. Notes receivable	
Description (include name of obligor)	
72. Tax refunds and unused net operating losses (NOLs)	
Description (for example, federal, state, local)	
73. Interests in insurance policies or annuities	
Professional & General Liability	
<u>Carrier: THIE</u>	<u>Unknown</u>
Property	
<u>Carrier: Travelers</u>	<u>Unknown</u>

Debtor Lion Star Nacogdoches Hospital, LLC
Name

Case number (if known) 23-43535-mxm11

Property-Wind & Hail Deductible Buy Back

Carrier: Underwriters at Lloyds Unknown

Umbrella

Carrier: THIE Unknown

Directors & Officers/Fiduciary

Carrier: Berkley Healthcare Unknown

Crime

Carrier: Berkley Healthcare Unknown

Cybersecurity

Carrier: Toki Marine Unknown

Business Auto

Carrier: THIE Unknown

Worker's Compensation

Carrier: Texas Mutual Unknown

Worker's Compensation Out of State

Carrier: Agronaut Unknown

Kidnap & Ransom

Carrier: US Specialty Unknown

Storage Tank Liability

Carrier: Colony Unknown

74. Causes of action against third parties (whether or not a lawsuit has been filed)

Claims asserted or assertable against Nacogdoches County Hospital District including as provided in case no. C2338992 pending in the 145th District Court of Nacogdoches County, Texas.

Unknown

Nature of claim _____

Amount requested _____

Claims assertable against United Healthcare based on inappropriate underpayments under Payor Agreement.

Unknown

Nature of claim _____

Amount requested _____

Claims assertable against Molina Healthcare based on inappropriate underpayments under Payor Agreement.

Unknown

Nature of claim _____

Amount requested _____

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

76. Trusts, equitable or future interests in property

77. Other property of any kind not already listed *Examples: Season tickets, country club membership*

Supplemental fees \$3,391,241.00

Due from Nacogdoches County Hospital District \$1,200,000.00

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$4,591,241.00

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

☒ No

☐ Yes

Debtor Lion Star Nacogdoches Hospital, LLC
Name

Case number (if known) 23-43535-mxm11

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	<u>\$3,181.49</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$1,120,358.24</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$10,867,510.00</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$1,011,864.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$1,088,559.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$2,734,839.60</u>	
88. Real property. <i>Copy line 56, Part 9.....</i> →		<div><u>\$0.00</u></div>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	<u>+ \$4,591,241.00</u>	
91. Total. Add lines 80 through 90 for each column. 91a.	<div><u>\$21,417,553.33</u></div>	+ 91b. <div><u>\$0.00</u></div>
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.....		<div><u>\$21,417,553.33</u></div>

Addendum 1

Property Description		Book Net
		Book Value
		<u>1700.1713 less 1800.1811</u>
<u>Vendor Name</u>	<u>Description</u>	
SCG Capital	Toshiba Optima MR450W	\$ 9,122.26
GE	Optima CT Scanner	\$ 23,525.38
GE	696 Cardio Lab	\$ 6,464.97
GE	MacLab	\$ 4,629.39
ThermoFisher	Tissue Processor	\$ 30,548.28
Philips	Arboretum Silver	\$ 142,567.81
Stryker ProCare	Surgical Instruments	\$ 65,919.45
Omniceil	CSM Workstation	\$ 1,350.36
Omniceil	Additional Base Server Windows	\$ 3,579.86
TriCor Systems	Dri Scope Aid	\$ 2,723.76
Intuitive Surgical	DaVinci Surgical System	\$ 1,451,062.52
MedOne	Tablo Dialysis Machines	\$ 182,160.00
MedOne	Apinion X Cube Ultrasounds	\$ 122,833.35
Minor Moveable Equipment		<u>2,046,487.39</u>

VENDOR	DESCRIPTION	AMOUNT
BFW INC	DAYMARK HEADLIGHT SYSTEM	5,456.00
CARDINAL HEALTH	CYTOCENTRIFUGE	8,850.00
EDGE SPECIALTY	ENDSCOPE CABINET WITH SOUBLE GLASS DOORS	32,800.93
SYNERGY MEDICAL CORP	HIP AND CHEST EQUIPMENT FOR JACKSON SPINE TABLE	2,922.26
FRIENDSHIP HEARING	HEARING BOOTH FOR PHILIP MOORE	7,500.00
G&G LOCK AND SAFE	CAMERA SYSTEM UPGRADE AND INSTALL	4,223.36
3 WEST MEDICAL	VIDEO BRONCHOSCOPE LEVEL 3 REFURBISHMENT	4,995.00
NOVUS SURGICAL	CLEAR LINE LSX CUSTOM LUMBAR	30,955.00
CANON MEDICAL SYSTEMS	CT VITREA EXTEND EQUIPMENT	10,392.00
MEDLINE	SCALE/HANDRAIL BARIATRIC 1000 LB	2,172.95
MEDLINE	STERILIZER	5,792.02
MINDRAY	ACCUTTOR	11,911.20
OMNICELL	OMNICELL G5 WORKSTATION, ANESTHESIA AND OMNIRX	320,395.90
SURGIQUIP SOLUTIONS	SKYTRON SURGICAL LIGHT REPAIR	5,378.55
PRICE DAVID T MD P	UROLOGY OFFICE EQUIPMENT	60,025.00
WIPFLI	EHR IMPLEMENTATION PAYMENTS	102,763.54
SQN	XRAY EQUIPMENT BUYOUT	22,225.79
TOBIAS ASSOC	DENSITOMETER	2,650.00
HENTRY SCHEIN	ENT CABINET	5,490.00
ABBOTT	ACCUCHECK	9,724.00
TOTAL		656,623.50

Addendum 2

	License Type	Number	Issued by
1.	Hospital License	100544	Texas Department of State Health Services
2.	X-Ray Registration	R48088	Texas Department of State Health Services
3.	Radioactive Material License	L01071	Texas Department of State Health Services
4.	Mammogram License	M01713	Texas Department of State Health Services
5.	Drug Enforcement Agency License	FN0917457	Drug Enforcement Agency, Department of Justice
6.	Pharmacy License	34008	Texas State Board of Pharmacy
7.	Clinical Laboratory Improvement Amendments (CLIA)	45D0052220	Centers for Medicare & Medicaid Services
a.	Addison CLIA	45D0902790	Centers for Medicare & Medicaid Services
b.	Fuller CLIA	45D2190904	Centers for Medicare & Medicaid Services
c.	Key CLIA	45D2087307	Centers for Medicare & Medicaid Services
d.	Senior Center CLIA	45D2269523	Centers for Medicare & Medicaid Services
e.	Hairston CLIA	45D0674852	Centers for Medicare & Medicaid Services
f.	Moreria CLIA	45D2185931	Centers for Medicare & Medicaid Services
g.	Schaus CLIA	45D2085423	Centers for Medicare & Medicaid Services
h.	Drake CLIA	45D2265346	Centers for Medicare & Medicaid Services

Addendum 3

- (a) an exclusive license to the names, logos and symbols used by Seller in connection with the Hospital Operations, including the name “Nacogdoches Memorial Hospital,” and all telephone and facsimile numbers as currently used by Seller primarily in support of the Hospital Operations and to the extent held or used in or ancillary to the Hospital Operations and owned by Seller, other trademarks, trade names, service marks, copyrights and any applications therefor, and domain names;
- (b) a co-exclusive license, to the extent also held or used in the Seller’s ambulance operations or with respect to other Excluded Assets, to mask works, net lists, schematics, technology, know-how, trade secrets, ideas, algorithms, process, or intangible proprietary information as well as any other intellectual property material set forth on Schedule 1.05(b) and in each case pertaining to or used in connection with the Hospital Operations, whether in hard copy or other form; and
- (c) a co-exclusive license, to the extent also held or used in the Seller’s ambulance operations or with respect to other Excluded Assets, to operating and policy manuals, compliance policies, and similar files and records owned by Seller pertaining to or used in connection with the Hospital Operations, whether in hard copy or other form.

Fill in this information to identify the case:

Debtor name Lion Star Nacogdoches Hospital, LLC

United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS

Case number 23-43535-mxm11
(if known)

☐ Check if this is an amended filing

Official Form 206D**Schedule D: Creditors Who Have Claims Secured by Property****12/15****Be as complete and accurate as possible.****1. Do any creditors have claims secured by debtor's property?**

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims**2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A
Amount of claim
Do not deduct the value of collateral.

Column B
Value of collateral that supports this claim

2.1	Creditor's name	Describe debtor's property that is subject to a lien	\$4,623,350.08	\$0.00
	Creditor's mailing address	All assets		
	<u>20807 Biscayne Blvd</u>	Describe the lien		
	<u>Suite 203</u>	<u>Senior Secured Lien</u>		
	<u>Aventura FL 33180</u>	Is the creditor an insider or related party?		
	Creditor's email address, if known	<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes		
	Date debt was incurred	Is anyone else liable on this claim?		
		<input checked="" type="checkbox"/> No		
	Last 4 digits of account number	<input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
		As of the petition filing date, the claim is:		
	Do multiple creditors have an interest in the same property?	Check all that apply.		
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> Yes. Specify each creditor, including this creditor, and its relative priority.	<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.**\$5,383,067.09**

Part 1: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column A
Amount of claim
Do not deduct the
value of collateral.

Column B
**Value of collateral
that supports
this claim**

2.2	Creditor's name Nacogdoches Tax Assessor-Collector Creditor's mailing address Nacogdoches County Court House 101 W Main St., Suite 100 Nacogdoches TX 75961 Creditor's email address, if known Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	Describe debtor's property that is subject to a lien 2023 Personal Property Tax Describe the lien Statutory Tax Lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$129,619.56	\$0.00
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2.3	Creditor's name Nacogdoches Tax Assessor-Collector Creditor's mailing address Nacogdoches County Court House 101 W Main St., Suite 100 Nacogdoches TX 75961 Creditor's email address, if known Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	Describe debtor's property that is subject to a lien 2023 Real Property Tax Describe the lien Statutory Tax Lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$601,923.19	\$0.00
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Part 1: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column A
Amount of claim
Do not deduct the
value of collateral.

Column B
**Value of collateral
that supports
this claim**

2.4	Creditor's name <u>Prosperity Bank</u>	Describe debtor's property that is subject to a lien <u>2020 Lincoln Nautilus</u>	<u>\$28,174.26</u>	<u>\$31,728.71</u>
	Creditor's mailing address <u>c/o Pope, Hardwicke, Christie, Schell, K</u>	Describe the lien <u>Lien on automobile</u>		
	<u>500 West 7th Street, Suite 600</u>			
	<u>Fort Worth TX 76102</u>	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Creditor's email address, if known _____	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	Date debt was incurred _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Last 4 digits of account number _____			
	Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____			

Part 2:

List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
Foley & Lardner LLP	Line 2.1	
500 Woodward Avenue, Suite 2700,		
Detroit MI 48226-3489		

Fill in this information to identify the case:

Debtor Lion Star Nacogdoches Hospital, LLC

United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS

Case number 23-43535-mxm11
(if known)

☐ Check if this is an amended filing

Official Form 206E/F**Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- ☐ No. Go to Part 2.
- ☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or part.

If more space is needed for priority unsecured claims, fill out and attach the Additional Page of Part 1.

Total claim Priority amount

2.1 Priority creditor's name and mailing addressTexas ComptrollerPO Box 13528Austin TX 78711Date or dates debt was incurredLast 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(8)

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

Sales Taxes

Is the claim subject to offset?

- ☒ No
- ☐ Yes

UnknownUnknown

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If more space is needed for nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

3.1	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$900.00</u>
	<u>3 WEST CAPITAL</u>	<input type="checkbox"/> Contingent	
	<u>24007 VENTURA BLVD</u>	<input type="checkbox"/> Unliquidated	
	<u>SUITE 120</u>	<input type="checkbox"/> Disputed	
		Basis for the claim:	
	<u>CALABASAS</u> <u>CA</u> <u>91302</u>	<u>Repairs & Maintenance</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
	Last 4 digits of account number <u>5</u> <u>9</u> <u>0</u> <u>2</u>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
	<u>Repairs & Maintenance</u>		

3.2	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$1,227.66</u>
	<u>3DR LABS LLC</u>	<input type="checkbox"/> Contingent	
	<u>1941 BISHOP LANE</u>	<input type="checkbox"/> Unliquidated	
	<u>SUITE 807</u>	<input type="checkbox"/> Disputed	
		Basis for the claim:	
	<u>LOUISVILLE</u> <u>KY</u> <u>40218</u>	<u>Other Purchased Services</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
	Last 4 digits of account number <u>5</u> <u>9</u> <u>5</u> <u>3</u>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
	<u>Other Purchased Services</u>		

3.3	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$21,219.46</u>
	<u>3M</u>	<input type="checkbox"/> Contingent	
	<u>PO BOX 120881</u>	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
	<u>DALLAS</u> <u>TX</u> <u>75312-0881</u>	<u>Coding Software</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
	Last 4 digits of account number <u>1</u> <u>0</u> <u>3</u> <u>3</u>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
	<u>Coding Software</u>		

3.4	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$3,573.81</u>
	<u>A & D HYDRAULICS</u>	<input type="checkbox"/> Contingent	
	<u>2124 NW STALLINGS DR</u>	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
	<u>NACOGDOCHES</u> <u>TX</u> <u>75964</u>	<u>Repairs & Maintenance</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
	Last 4 digits of account number <u>1</u> <u>0</u> <u>3</u> <u>6</u>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
	<u>Repairs & Maintenance</u>		

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.5	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$8,673.12</u>
<u>ABBOTT LABORATORY</u>		<input type="checkbox"/> Contingent	
<u>PO BOX 92679</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<u>CHICAGO</u> <u>IL</u> <u>60675-2679</u>		Basis for the claim:	
		<u>Lab-Medical Supplies</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>3</u> <u>7</u> <u>1</u> <u>1</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Lab-Medical Supplies			

3.6	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$842.07</u>
<u>ABBOTT NUTRITION</u>		<input type="checkbox"/> Contingent	
<u>PO BOX 92679</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<u>CHICAGO</u> <u>IL</u> <u>60675-2679</u>		Basis for the claim:	
		<u>Dietary - Food Supplies</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>4</u> <u>3</u> <u>2</u> <u>1</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Dietary - Food Supplies			

3.7	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$16,144.41</u>
<u>ABBOTT RAPID DIAGNOSTICS INFO</u>		<input type="checkbox"/> Contingent	
<u>PO BOX 734697 (PAYMENT)</u>		<input type="checkbox"/> Unliquidated	
<u>2000 HOLIDAY DR</u>		<input type="checkbox"/> Disputed	
<u>DALLAS</u> <u>TX</u> <u>75373</u>		Basis for the claim:	
		<u>Dietary-Pharmaceuticals</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>5</u> <u>8</u> <u>9</u> <u>4</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Dietary-Pharmaceuticals			

3.8	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$59,504.36</u>
<u>ABBOTT VASCULAR</u>		<input type="checkbox"/> Contingent	
<u>22400 NETWORK PLACE</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<u>CHICAGO</u> <u>IL</u> <u>60673-1224</u>		Basis for the claim:	
		<u>Cath Lab-Medical Supplies</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>4</u> <u>0</u> <u>0</u> <u>8</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Cath Lab-Medical Supplies			

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.9	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$3,951.56</u>
<u>ABC AUTO PARTS</u>		<input type="checkbox"/> Contingent	
<u>PO BOX 3688</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<u>LONGVIEW TX 75606</u>		Basis for the claim:	
		<u>Supplies - Auto</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>3 0 8 9</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
<u>Supplies - Auto</u>			

3.10	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$870.43</u>
<u>ACADIAN AMBULANCE SERVICE, INC.</u>		<input type="checkbox"/> Contingent	
<u>PO BOX 92970</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<u>LAFAYETTE LA 70509</u>		Basis for the claim:	
		<u>Patient Transportation</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>6 0 9 1</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
<u>Patient Transportation</u>			

3.11	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$46,245.13</u>
<u>ACCLARENT</u>		<input type="checkbox"/> Contingent	
<u>16888 COLLECTION CENTER DRIVE</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<u>CHICAGO IL 60693</u>		Basis for the claim:	
		<u>Supplies - Medical</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>4 4 6 5</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
<u>Supplies - Medical</u>			

3.12	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$2,471.60</u>
<u>ACCUPATH DIAGNOSITC</u>		<input type="checkbox"/> Contingent	
<u>PO BOX 12140</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<u>BURLINGTON NC 27216-2140</u>		Basis for the claim:	
		<u>Other Purchased Services</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>1 4 1 7</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
<u>Other Purchased Services</u>			

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.13	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$14,852.82</u>
<u>ACIST MEDICAL</u>		<input type="checkbox"/> Contingent	
<u>PO BOX 978952</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<u>DALLAS TX 75397-8952</u>		Basis for the claim:	
		<u>Supplies - Medical</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>4 5 8 7</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
<u>Supplies - Medical</u>			

3.14	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$33,297.17</u>
<u>ADVANCED MEDICAL RESOURCES</u>		<input type="checkbox"/> Contingent	
<u>PO BOX 731969</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<u>DALLAS TX 75373</u>		Basis for the claim:	
		<u>Other Purchased Services</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>4 8 5 9</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
<u>Other Purchased Services</u>			

3.15	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$11,095.81</u>
<u>AESCLAP IN</u>		<input type="checkbox"/> Contingent	
<u>PO BOX 780426</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<u>PHILADELPHIA PA 19178-0426</u>		Basis for the claim:	
		<u>Supplies - Medical</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>3 4 4 6</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
<u>Supplies - Medical</u>			

3.16	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$10,868.16</u>
<u>AGILITI SURGICAL EQUIP RPR</u>		<input type="checkbox"/> Contingent	
<u>6625 W 78TH STREET</u>		<input type="checkbox"/> Unliquidated	
<u>SUITE 300</u>		<input type="checkbox"/> Disputed	
<u>MINNEAPOLIS MN 55439</u>		Basis for the claim:	
		<u>Supplies - Medical</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>5 8 8 6</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
<u>Supplies - Medical</u>			

Part 2:
Additional Page

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Amount of claim

3.17

Nonpriority creditor's name and mailing address

ALL MEDICAL STAFFING

PO BOX 823826

PEMBROKE PINES

FL

33082

Date or dates debt was incurred

Last 4 digits of account number

6057

Professional Fees - Medical

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Professional Fees - Medical

Is the claim subject to offset?

☒ No
☐ Yes

\$72,320.00

3.18

Nonpriority creditor's name and mailing address

ALLISON ENTERPRISES, INC

KLEEN-AIR FILTER SERVICE & SALES

P O BOX 207

GROESBECK

TX

76642

Date or dates debt was incurred

Last 4 digits of account number

6050

Repairs & Maintenance

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Repairs & Maintenance

Is the claim subject to offset?

☒ No
☐ Yes

\$17,347.01

3.19

Nonpriority creditor's name and mailing address

AMBU INC

PO BOX 347818

PITTSBURGH

PA

15251-4818

Date or dates debt was incurred

Last 4 digits of account number

1547

Supplies - Medical

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Supplies - Medical

Is the claim subject to offset?

☒ No
☐ Yes

\$981.09

3.20

Nonpriority creditor's name and mailing address

AMERICAN MEDICAL ASSOCIATI

75 REMITTANCE DR

STE 1413

CHICAGO

IL

60675-1413

Date or dates debt was incurred

Last 4 digits of account number

1655

Licenses & Dues

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Licenses & Dues

Is the claim subject to offset?

☒ No
☐ Yes

\$1,463.00

Part 2: Additional Page

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Amount of claim

3.21	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$759.55</u>
<u>AMERICAN MESSAGING SERVICE LLC</u>		<input type="checkbox"/> Contingent	
<u>PO BOX 5749</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<u>CAROL STREAM IL 60197-5749</u>		Basis for the claim:	
		<u>Equipment Rent/Lease</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>5 4 1 7</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
<u>Equipment Rent/Lease</u>			

3.22	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$1,662.12</u>
<u>AMERICAN PROFICIENCY INSTITUTE</u>		<input type="checkbox"/> Contingent	
<u>DEPT 9526</u>		<input type="checkbox"/> Unliquidated	
<u>PO BOX 30516</u>		<input type="checkbox"/> Disputed	
<u>LANSING MI 48909-8016</u>		Basis for the claim:	
		<u>Licenses & Dues</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>2 8 6 5</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
<u>Licenses & Dues</u>			

3.23	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$501.00</u>
<u>AMPCARE LLC</u>		<input type="checkbox"/> Contingent	
<u>1120 SOUTH FREEWAY STE 111</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<u>FORT WORTH TX 76104</u>		Basis for the claim:	
		<u>Supplies-Medical</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>5 3 2 3</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
<u>Supplies-Medical</u>			

3.24	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$6,000.00</u>
<u>Amy Huggins, DO, P.A.</u>		<input type="checkbox"/> Contingent	
<u>3614 N University Dr</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<u>Nacogdoches TX 75965</u>		Basis for the claim:	
		<u>Services</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u> </u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
<u>Services</u>			

Part 2: Additional Page

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Amount of claim

3.25	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$3,135.00</u>
<u>ANAZAOHEALTH CORP</u>		<input type="checkbox"/> Contingent	
<u>DEPT CH 18068</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
<u>PALATINE</u> <u>IL</u> <u>60055-8068</u>		<u>Supplies - Medical</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>5</u> <u>1</u> <u>6</u> <u>0</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Supplies - Medical			

3.26	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$1,146.65</u>
<u>ANDERSON ORTHOTICS & PROSTETIC</u>		<input type="checkbox"/> Contingent	
<u>P0 BOX 1457</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
<u>HALLSVILLE</u> <u>TX</u> <u>75650</u>		<u>Supplies - Medical</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>5</u> <u>1</u> <u>0</u> <u>1</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Supplies - Medical			

3.27	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$31,766.71</u>
<u>APEX REVENUNE</u>		<input type="checkbox"/> Contingent	
<u>ATTN: WENDY BAZA</u>		<input type="checkbox"/> Unliquidated	
<u>1230 VENUS ST</u>		<input type="checkbox"/> Disputed	
		Basis for the claim:	
<u>CEDAR HILL</u> <u>TX</u> <u>75104</u>		<u>Collection Agency</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>5</u> <u>7</u> <u>3</u> <u>4</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Collection Agency			

3.28	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$169.92</u>
<u>APPLETON MEDICAL</u>		<input type="checkbox"/> Contingent	
<u>118 N MAIN ST</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
<u>SAINT CHARLES</u> <u>MO</u> <u>63301</u>		<u>Supplies - Medical</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>4</u> <u>5</u> <u>2</u> <u>5</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Supplies - Medical			

Part 2: Additional Page

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Amount of claim

3.29	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$33,912.66</u>
<u>APPLIED MEDICAL</u>		<input type="checkbox"/> Contingent	
<u>PO BOX 3511</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<u>CAROL STREAM IL 60132-3511</u>		Basis for the claim:	
		<u>Supplies- Medical</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>2 0 2 3</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
<u>Supplies- Medical</u>			

3.30	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$840.00</u>
<u>APPRISS HEALTH</u>		<input type="checkbox"/> Contingent	
<u>9901 LINN STATION ROAD</u>		<input type="checkbox"/> Unliquidated	
<u>SUITE 500</u>		<input type="checkbox"/> Disputed	
<u>LOUISVILLE KY 40223</u>		Basis for the claim:	
		<u>Other Purchased Services</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>3 8 7 0</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
<u>Other Purchased Services</u>			

3.31	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$800.00</u>
<u>APRISS HEALTH</u>		<input type="checkbox"/> Contingent	
<u>9901 LINN STATION ROAD</u>		<input type="checkbox"/> Unliquidated	
<u>SUITE 500</u>		<input type="checkbox"/> Disputed	
<u>LOUISVILLE KY 40223</u>		Basis for the claim:	
		<u>Software- NMPG</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>6 1 1 4</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
<u>Software- NMPG</u>			

3.32	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$969.92</u>
<u>ARMADILLO SIGNS</u>		<input type="checkbox"/> Contingent	
<u>1009 WANKAN ST</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<u>NACOGDOCHES TX 75961</u>		Basis for the claim:	
		<u>Repairs & Maintenance</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>2 2 5 7</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
<u>Repairs & Maintenance</u>			

Part 2:
Additional Page

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Amount of claim

3.33

Nonpriority creditor's name and mailing address

ARTHREX

PO BOX 403511

ATLANTA

GA

30384-3511

Date or dates debt was incurred

Last 4 digits of account number

1848

Supplies - Medical

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Supplies - Medical

Is the claim subject to offset?

☒ No
☐ Yes

\$8,367.96

3.34

Nonpriority creditor's name and mailing address

ASCEND CLINICAL LLC

P O BOX 45021

SAN FRANCISCO

CA

94145

Date or dates debt was incurred

Last 4 digits of account number

6048

Repairs & Maintenance

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Repairs & Maintenance

Is the claim subject to offset?

☒ No
☐ Yes

\$2,424.00

3.35

Nonpriority creditor's name and mailing address

AT&T

PO Box 105414

Atlanta

GA

30348

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Telephone Provider

Is the claim subject to offset?

☒ No
☐ Yes

\$260,343.45

3.36

Nonpriority creditor's name and mailing address

AT&T MOBILITY

PO BOX 6463

CAROL STREAM

IL

60197-6463

Date or dates debt was incurred

Last 4 digits of account number

1665

Utilities

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Utilities

Is the claim subject to offset?

☒ No
☐ Yes

\$534.36

Part 2: Additional Page

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Amount of claim

3.37	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$1,332.18</u>
<u>ATLAS INTERNATIONAL</u>		<input type="checkbox"/> Contingent	
<u>2663 FREEWOOD DR</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<u>DALLAS TX 75220</u>		Basis for the claim:	
		<u>Repairs & Maintenance</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>5 5 0 1</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Repairs & Maintenance			

3.38	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$5,314.17</u>
<u>ATLAS VAN LINES INC.</u>		<input type="checkbox"/> Contingent	
<u>PO BOX 952340</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<u>ST LOUIS MO 63195-2340</u>		Basis for the claim:	
		<u>Repairs & Maintenance</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>1 5 1 3</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Repairs & Maintenance			

3.39	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$3,507.64</u>
<u>AVC GROUP INC</u>		<input type="checkbox"/> Contingent	
<u>PO BOX 1102</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<u>MANSFIELD TX 76063-1102</u>		Basis for the claim:	
		<u>Supplies - Medical</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>1 5 9 1</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Supplies - Medical			

3.40	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$99,819.73</u>
<u>BANK DIRECT CAPITAL FINANCE</u>		<input type="checkbox"/> Contingent	
<u>150 NORTH FIELD DRIVE</u>		<input type="checkbox"/> Unliquidated	
<u>STE 190</u>		<input type="checkbox"/> Disputed	
<u>LAKE FOREST IL 60045</u>		Basis for the claim:	
		<u>Insurance</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>6 0 2 3</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Insurance			

Part 2: Additional Page

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Amount of claim

3.41	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$107,758.00</u>
	<u>Banner State Emergency Phy PA</u>	<input type="checkbox"/> Contingent	
	<u>5000 Ambassador Caffery Pkwy</u>	<input type="checkbox"/> Unliquidated	
	<u>Bldg. 15, Suite A</u>	<input type="checkbox"/> Disputed	
	<u>Lafayette</u> <u>LA</u> <u>70508</u>	Basis for the claim: <u>ER Physician Group</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
	Last 4 digits of account number	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

3.42	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$39,854.69</u>
	<u>BAXTER HEALTHCARE</u>	<input type="checkbox"/> Contingent	
	<u>PO BOX 730531</u>	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	<u>DALLAS</u> <u>TX</u> <u>75373-0531</u>	Basis for the claim: <u>Supplies - Medical</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
	Last 4 digits of account number	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
	<u>Supplies - Medical</u>		

3.43	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$1,906.30</u>
	<u>BEAR-ENT, LLC</u>	<input type="checkbox"/> Contingent	
	<u>274 LANCASTER AVE</u>	<input type="checkbox"/> Unliquidated	
	<u>SUITE 208</u>	<input type="checkbox"/> Disputed	
	<u>MALVERN</u> <u>PA</u> <u>19355</u>	Basis for the claim: <u>Supplies - Medical</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
	Last 4 digits of account number	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
	<u>Supplies - Medical</u>		

3.44	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$111,340.65</u>
	<u>Beckman Coulter, Inc.</u>	<input type="checkbox"/> Contingent	
	<u>Dept. CH 10164</u>	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	<u>Palatine</u> <u>IL</u> <u>60055</u>	Basis for the claim: <u>Supplies/Service Equip. Contract</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
	Last 4 digits of account number	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Part 2: Additional Page

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Amount of claim

3.45	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$23,617.22</u>
<u>BECTON, DICKINSON AND CO</u>		<input type="checkbox"/> Contingent	
<u>21588 NETWORK PLACE</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<u>CHICAGO IL 60673-1215</u>		Basis for the claim:	
		<u>Supplies - Medical</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>5 4 7 4</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Supplies - Medical			

3.46	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$720.05</u>
<u>BEEKLEY CORPORATION</u>		<input type="checkbox"/> Contingent	
<u>ONE PRESTIGE LANE</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<u>BRISTOL CT 06010</u>		Basis for the claim:	
		<u>Supplies - Medical</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>1 1 0 0</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Supplies - Medical			

3.47	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$45,442.69</u>
<u>BEN E KEITH COMPANY</u>		<input type="checkbox"/> Contingent	
<u>PO BOX 2607</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<u>FORT WORTH TX 76113</u>		Basis for the claim:	
		<u>Dietary - Food Supplies</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>1 3 1 0</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Dietary - Food Supplies			

3.48	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$40.00</u>
<u>BEST WATER STORE</u>		<input type="checkbox"/> Contingent	
<u>127 MOUND ST</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<u>NACOGDOCHES TX 75961</u>		Basis for the claim:	
		<u>Dietary - Food Supplies</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>0 0 8 7</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Dietary - Food Supplies			

Part 2: Additional Page

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Amount of claim

3.49	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$68,080.00</u>
<u>BHS Physicians Network, Inc</u>		<input type="checkbox"/> Contingent	
<u>203 E Main Street</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
<u>Nacogdoches TX 75965</u>		<u>Services</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

3.50	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$5,068.99</u>
<u>BIMBO BAKERS USA</u>		<input type="checkbox"/> Contingent	
<u>PO BOX 846243</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
<u>DALLAS TX 75284-6243</u>		<u>Dietary - Food Supplies</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
<u>Dietary - Food Supplies</u>			

3.51	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$14,194.00</u>
<u>BIO-RAD LABORATORIES INC</u>		<input type="checkbox"/> Contingent	
<u>PO BOX 849740</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
<u>LOS ANGELES CA 90084-9740</u>		<u>Supplies - Medical</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
<u>Supplies - Medical</u>			

3.52	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$189,031.58</u>
<u>Biomerieux, Inc. - St. Louis</u>		<input type="checkbox"/> Contingent	
<u>PO Box 500308</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
<u>St. Louis MO 63150</u>		<u>Lab Supplies</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Part 2:

Additional Page

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Amount of claim

3.53

Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
 ☐ Unliquidated
 ☐ Disputed

Basis for the claim:

Dallas

TX

75320

Date or dates debt was incurred

Last 4 digits of account number

Cath Lab Medical Supplies

\$122,332.63

Is the claim subject to offset?

☒ No
 ☐ Yes

3.54

Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
 ☐ Unliquidated
 ☐ Disputed

Basis for the claim:

Blaise Ferraraccio, MD

4848 NE Stallings Dr.

Ste. 106

Nacogdoches

TX

75965

Date or dates debt was incurred

Last 4 digits of account number

Services

\$7,500.00

Is the claim subject to offset?

☒ No
 ☐ Yes

3.55

Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
 ☐ Unliquidated
 ☐ Disputed

Basis for the claim:

BLOCK IMAGING INTERNATIONALA

1845 CEDAR STREET

HOLT

MI

48842

Date or dates debt was incurred

Last 4 digits of account number

5803

Repairs & Maintenance

\$6,949.66

Is the claim subject to offset?

☒ No
 ☐ Yes

3.56

Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
 ☐ Unliquidated
 ☐ Disputed

Basis for the claim:

BOATMAN TIRE

315 N UNIVERSITY DR

NACOGDOCHES

TX

75961

Date or dates debt was incurred

Last 4 digits of account number

2683

Repairs & Maintenance

\$347.60

Is the claim subject to offset?

☒ No
 ☐ Yes

Part 2: Additional Page

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Amount of claim

3.57	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$36,550.43</u>
<u>BOSTON SCIENTIFIC-DALLAS</u>		<input type="checkbox"/> Contingent	
<u>PO BOX 951653</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
<u>DALLAS TX 75395-1653</u>		<u>Supplies - Medical</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>1 0 1 1</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
<u>Supplies - Medical</u>			

3.58	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$1,275.19</u>
<u>BOUND TREE MEDICAL LLC</u>		<input type="checkbox"/> Contingent	
<u>23537 NETWORK PLACE</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
<u>CHICAGO IL 60673-1235</u>		<u>EMS-DISTRICT</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>2 8 0 4</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
<u>EMS-DISTRICT</u>			

3.59	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$6,823.79</u>
<u>BRACCO DIAGNOSTICS INC</u>		<input type="checkbox"/> Contingent	
<u>PO BOX 978952</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
<u>DALLAS TX 75397-8952</u>		<u>Supplies- Medical</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>4 5 0 6</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
<u>Supplies- Medical</u>			

3.60	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$135.31</u>
<u>BRANDEE BEST</u>		<input type="checkbox"/> Contingent	
<u>406 E.MAIN ST.</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
<u>NACOGDOCHES TX 75961</u>		<u>Marketing</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>5 9 6 9</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
<u>Marketing</u>			

Part 2: Additional Page

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Amount of claim

3.61	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$397.58</u>
<u>BREG INC.</u>		<input type="checkbox"/> Contingent	
<u>PO BOX 849991</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
<u>DALLAS TX 75284-9991</u>		<u>Supplies-Medical</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>2 9 3 4</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
<u>Supplies-Medical</u>			

3.62	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$65,398.67</u>
<u>C R BARD INC</u>		<input type="checkbox"/> Contingent	
<u>PO BOX 75767</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
<u>CHARLOTTE NC 28275</u>		<u>Supplies - Medical</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>4 4 9 4</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
<u>Supplies - Medical</u>			

3.63	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$38,766.30</u>
<u>CAMBER SPINE TECHNOLOGIES LLC</u>		<input type="checkbox"/> Contingent	
<u>PO BOX 71232</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
<u>PHILADELPHIA PA 19176-6207</u>		<u>Supplies - Medical</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>5 7 0 3</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
<u>Supplies - Medical</u>			

3.64	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$2,800.00</u>
<u>CAMI POWERS DBA CONSULTING BY CSP</u>		<input type="checkbox"/> Contingent	
<u>16 SAN JEWELL DRIVE</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
<u>FARMINGTON MO 63640</u>		<u>Consulting Services</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>6 1 0 9</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
<u>Consulting Services</u>			

Part 2: Additional Page

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Amount of claim

3.65	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$867.61</u>
<u>CAMP COUNTY AMBULANCE SERVICE CORPORATIO</u>		<input type="checkbox"/> Contingent	
<u>122 CHURCH ST.</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
<u>PITTSBURGH TX 75686</u>		<u>Patient Transportation</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>6 0 8 4</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Patient Transportation			

3.66	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$102.89</u>
<u>CANCER DIAGNOSTICS INC</u>		<input type="checkbox"/> Contingent	
<u>PO BOX 748545</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
<u>ATLANTA GA 30374-8545</u>		<u>Supplies- Medical</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>5 9 8 8</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Supplies- Medical			

3.67	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$14,281.35</u>
<u>CANON MEDICAL SYSTEMS USA</u>		<input type="checkbox"/> Contingent	
<u>2441 Michelle Drive</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
<u>TUSTIN CA 92780</u>		<u>Services-Radiology</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>5 5 0 3</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Services-Radiology			

3.68	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$11,498.31</u>
<u>CARDIOVASCULAR SYSTEMS INC</u>		<input type="checkbox"/> Contingent	
<u>DEPT CH 19348</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
<u>PALATINE IL 60055-9348</u>		<u>Supplies - Medical</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>5 1 6 7</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Supplies - Medical			

Part 2: Additional Page

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Amount of claim

3.69	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$3,742.56</u>
	Career Builder.com	<input type="checkbox"/> Contingent	
	13047 Collections Center Dr.	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
	CHICAGO IL 60693-0130	Recruiting	
	Date or dates debt was incurred	Is the claim subject to offset?	
	Last 4 digits of account number 3 7 6 1	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
	Recruiting		

3.70	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$66,054.89</u>
	CAREFUSION	<input type="checkbox"/> Contingent	
	25146 NETWORK PLACE	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
	CHICAGO IL 60673-1250	Supplies - Medical	
	Date or dates debt was incurred	Is the claim subject to offset?	
	Last 4 digits of account number 1 0 7 6	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
	Supplies - Medical		

3.71	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$3,355.75</u>
	Carney Roofing	<input type="checkbox"/> Contingent	
	PO Box 630631	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
	NACOGDOCHES TX 75963		
	Date or dates debt was incurred	Is the claim subject to offset?	
	Last 4 digits of account number 1 7 3 5	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

3.72	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$31,079.61</u>
	CATILIZE HEALTH INC	<input type="checkbox"/> Contingent	
	2605 NICHOLSON ROAD	<input type="checkbox"/> Unliquidated	
	SUITE 1140	<input type="checkbox"/> Disputed	
		Basis for the claim:	
	SEWICKLEY PA 15143	Employee Benefits	
	Date or dates debt was incurred	Is the claim subject to offset?	
	Last 4 digits of account number 5 9 7 7	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
	Employee Benefits		

Part 2: Additional Page

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Amount of claim

3.73	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$5,041.69</u>
<u>CENTERPOINT ENERGY</u>		<input type="checkbox"/> Contingent	
<u>PO BOX 4981</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<u>HOUSTON TX 77210-4981</u>		Basis for the claim:	
		<u>Utilities</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>3 7 4 9</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Utilities			

3.74	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$5,637.70</u>
<u>CENTURYLINK</u>		<input type="checkbox"/> Contingent	
<u>PO BOX 52187</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<u>PHOENIX AZ 85072-2187</u>		Basis for the claim:	
		<u>Utilities</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>4 7 9 2</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Utilities			

3.75	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$1,077,018.89</u>
<u>Cerner Health Services, Inc.</u>		<input type="checkbox"/> Contingent	
<u>PO Box 959156</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<u>St. Louis MO 63195</u>		Basis for the claim:	
		<u>Electronic Health Record-Patients</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u> </u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

3.76	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$10,000.00</u>
<u>CHRISTOPHER IHIONKHAN, MD</u>		<input type="checkbox"/> Contingent	
<u>818 N 4TH ST</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<u>LONGVIEW TX 75601</u>		Basis for the claim:	
		<u>Physician Call / Directorships</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>5 3 2 6</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Physician Call / Directorships			

Part 2: Additional Page

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Amount of claim

3.77	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$640.24</u>
<u>CIOX HEALTH</u>		<input type="checkbox"/> Contingent	
<u>PO BOX 409669</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
<u>ATLANTA</u> <u>GA</u> <u>30384</u>		<u>Medical Records</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>5</u> <u>1</u> <u>3</u> <u>2</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Medical Records			

3.78	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$565.56</u>
<u>CITY OF GARRISON</u>		<input type="checkbox"/> Contingent	
<u>330 S B AVE</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
<u>GARRISON</u> <u>TX</u> <u>75946</u>		<u>Utilities</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>1</u> <u>1</u> <u>3</u> <u>5</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Utilities			

3.79	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$24,098.08</u>
<u>CITY OF NACOGDOCHES</u>		<input type="checkbox"/> Contingent	
<u>PO BOX 635090</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
<u>NACOGDOCHES</u> <u>TX</u> <u>75963-5090</u>		<u>Utilities</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>1</u> <u>7</u> <u>3</u> <u>7</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Utilities			

3.80	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$710.00</u>
<u>CLIA LABORA</u>		<input type="checkbox"/> Contingent	
<u>PO BOX 3056</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
<u>PORTLAND</u> <u>OR</u> <u>97208-3056</u>		<u>Lab Licensing</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>0</u> <u>3</u> <u>5</u> <u>1</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Lab Licensing			

Part 2:
Additional Page

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Amount of claim

3.81

Nonpriority creditor's name and mailing address

Clifton Thomas, MD

5718 W. Westheimer

HoustonTX76961

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

☐Contingent
☐Unliquidated
☐Disputed

Basis for the claim:

Services

Is the claim subject to offset?

☒No
☐Yes

\$0.00

3.82

Nonpriority creditor's name and mailing address

CLINICAL MANAGEMENT CONSULTANT

DEPT LA 25399

PASADENACA91185-5399

Date or dates debt was incurred

Last 4 digits of account number

Consulting Services

As of the petition filing date, the claim is:

Check all that apply.

☐Contingent
☐Unliquidated
☐Disputed

Basis for the claim:

Consulting Services

Is the claim subject to offset?

☒No
☐Yes

\$49,600.00

3.83

Nonpriority creditor's name and mailing address

CLINICAL PATHOLOGY LABS INC

PO BOX 141669

AUSTINTX78714-1669

Date or dates debt was incurred

Last 4 digits of account number

Lab Services - NMPG

As of the petition filing date, the claim is:

Check all that apply.

☐Contingent
☐Unliquidated
☐Disputed

Basis for the claim:

Lab Services - NMPG

Is the claim subject to offset?

☒No
☐Yes

\$9,849.69

3.84

Nonpriority creditor's name and mailing address

CLOUDMED SOLUTIONS LLC

ATTN: ACCOUNTS RECEIVABLE

P O BOX 208272

DALLASTX75320-8272

Date or dates debt was incurred

Last 4 digits of account number

Software

As of the petition filing date, the claim is:

Check all that apply.

☐Contingent
☐Unliquidated
☐Disputed

Basis for the claim:

Software

Is the claim subject to offset?

☒No
☐Yes

\$71,207.67

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.85	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$1,112.75</u>
<u>COAST SURGICAL INC</u>		<input type="checkbox"/> Contingent	
<u>5318 E. 2ND STREET</u>		<input type="checkbox"/> Unliquidated	
<u>SUITE 367</u>		<input type="checkbox"/> Disputed	
<u>LONG BEACH</u> <u>CA</u> <u>90803</u>		Basis for the claim:	
Date or dates debt was incurred		<u>Supplies - Medical</u>	
Last 4 digits of account number <u>5</u> <u>8</u> <u>8</u> <u>2</u>		Is the claim subject to offset?	
Supplies - Medical		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

3.86	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$849.54</u>
<u>COCA-COLA S</u>		<input type="checkbox"/> Contingent	
<u>PO BOX 744010</u>		<input type="checkbox"/> Unliquidated	
<u>ATLANTA</u> <u>GA</u> <u>30384-4010</u>		<input type="checkbox"/> Disputed	
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number <u>1</u> <u>1</u> <u>3</u> <u>9</u>		<u>Dietary - Food Supplies</u>	
Dietary - Food Supplies		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

3.87	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$24,040.40</u>
<u>COFFEY COMMUNICATIONS INC</u>		<input type="checkbox"/> Contingent	
<u>1505 BUSINESS ONE CIRCLE</u>		<input type="checkbox"/> Unliquidated	
<u>WALLA WALLA</u> <u>WA</u> <u>99362</u>		<input type="checkbox"/> Disputed	
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number <u>6</u> <u>0</u> <u>3</u> <u>3</u>		<u>Marketing</u>	
Marketing		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

3.88	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$1,542.00</u>
<u>COLA INC</u>		<input type="checkbox"/> Contingent	
<u>9881 BROKEN LAND PKWY</u>		<input type="checkbox"/> Unliquidated	
<u>STE 200</u>		<input type="checkbox"/> Disputed	
<u>COLUMBIA</u> <u>MD</u> <u>21046</u>		Basis for the claim:	
Date or dates debt was incurred		<u>Dietary - Food Supplies</u>	
Last 4 digits of account number <u>5</u> <u>4</u> <u>8</u> <u>8</u>		Is the claim subject to offset?	
Dietary - Food Supplies		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Part 2:
Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.89

Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:
Check all that apply.

COLOPLAST CORP

DEPT CH 19024

PALATINE

IL

60055-9024

Date or dates debt was incurred

Last 4 digits of account number

4

1

4

7

Supplies - Medical

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Supplies - Medical

Is the claim subject to offset?

☒ No

☐ Yes

\$3,935.00

3.90

Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:
Check all that apply.

COMBINATORICS CONSULTING COMP

41850 W.11 MILE RD.

SUITE 200

NOVI

MI

48375-1857

Date or dates debt was incurred

Last 4 digits of account number

5

8

6

4

Consulting Services

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Consulting Services

Is the claim subject to offset?

☒ No

☐ Yes

\$12,487.50

3.91

Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:
Check all that apply.

COMMON CENT SOLUTIONS INC

6380 I-55 N STE 160

JACKSON

MS

39211

Date or dates debt was incurred

Last 4 digits of account number

4

6

9

6

Cafeteria Software

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Cafeteria Software

Is the claim subject to offset?

☒ No

☐ Yes

\$1,244.00

3.92

Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:
Check all that apply.

COMMUNITY HOSPITAL CONSULTING

7950 LEGACY DR STE 1000

PLANO

TX

75024

Date or dates debt was incurred

Last 4 digits of account number

4

9

2

5

Consulting Services

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Consulting Services

Is the claim subject to offset?

☒ No

☐ Yes

\$25,108.04

Part 2: Additional Page

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Amount of claim

3.93	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$2,345.00</u>
<u>COMPLIANCeline INC</u>		<input type="checkbox"/> Contingent	
<u>8615 Cliff Cameron Dr</u>		<input type="checkbox"/> Unliquidated	
<u>STE 290</u>		<input type="checkbox"/> Disputed	
<u>CHARLOTTE NC 28269</u>		Basis for the claim:	
Date or dates debt was incurred		<u>Other Purchased Services</u>	
Last 4 digits of account number <u>5 0 0 8</u>		Is the claim subject to offset?	
Other Purchased Services		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

3.94	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$7,159.28</u>
<u>COMPREHENSIVE PHARMACY SVC INC</u>		<input type="checkbox"/> Contingent	
<u>6409 QUAIL HOLLOW RD</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<u>MEMPHIS TN 38120</u>		Basis for the claim:	
Date or dates debt was incurred		<u>Services- HR</u>	
Last 4 digits of account number <u>5 4 0 6</u>		Is the claim subject to offset?	
Services- HR		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

3.95	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$160.00</u>
<u>COMPREHENSIVE SCREENING SOLUTI</u>		<input type="checkbox"/> Contingent	
<u>4705 PALMETTO RD SUITE 4</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<u>BENTON LA 71006</u>		Basis for the claim:	
Date or dates debt was incurred		<u>Employee Benefits</u>	
Last 4 digits of account number <u>5 9 8 5</u>		Is the claim subject to offset?	
Employee Benefits		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

3.96	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$2,443.92</u>
<u>COMPRESSION THERAPY CONCEPTS</u>		<input type="checkbox"/> Contingent	
<u>PO BOX 840166</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<u>DALLAS TX 75284-0166</u>		Basis for the claim:	
Date or dates debt was incurred		<u>Supplies-Medical</u>	
Last 4 digits of account number <u>4 6 1 8</u>		Is the claim subject to offset?	
Supplies-Medical		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Part 2: Additional Page

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Amount of claim

3.97	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$7,020.60</u>
<u>CONMED CORP</u>		<input type="checkbox"/> Contingent	
<u>CHURCH STREET STATION</u>		<input type="checkbox"/> Unliquidated	
<u>PO BOX 6814</u>		<input type="checkbox"/> Disputed	
<u>NEW YORK</u> <u>NY</u> <u>10249-6814</u>		Basis for the claim:	
		<u>Supplies- Medical</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>1</u> <u>1</u> <u>4</u> <u>1</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Supplies- Medical			

3.98	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$2,773.20</u>
<u>COOK MEDICAL INC</u>		<input type="checkbox"/> Contingent	
<u>22988 NETWORK PLACE</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<u>CHICAGO</u> <u>IL</u> <u>60673-1229</u>		Basis for the claim:	
		<u>Radioactive Materials</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>1</u> <u>0</u> <u>5</u> <u>9</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Radioactive Materials			

3.99	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$102,297.50</u>
<u>COOKSEY MARCIN, PLLC</u>		<input type="checkbox"/> Contingent	
<u>25511 BUDDE ROAD, SUITE 2202</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<u>THE WOODLANDS</u> <u>TX</u> <u>77380</u>		Basis for the claim:	
		<u>Attorney</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>3</u> <u>1</u> <u>0</u> <u>3</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Attorney			

3.100	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$1,911.33</u>
<u>COOPER SURGICAL</u>		<input type="checkbox"/> Contingent	
<u>PO BOX 712280</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<u>CINCINNATI</u> <u>OH</u> <u>45271-2280</u>		Basis for the claim:	
		<u>Supplies - Medical</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>1</u> <u>1</u> <u>4</u> <u>4</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Supplies - Medical			

Part 2: Additional Page

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Amount of claim

3.101	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$7,687.25</u>
	<u>CORDIS US CORP</u>	<input type="checkbox"/> Contingent	
	<u>14201 NW 60TH AVENUE</u>	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	<u>MIAMI LAKES</u> <u>FL</u> <u>33014-2894</u>	Basis for the claim:	
		<u>Supplies - Medical</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
	Last 4 digits of account number <u>6</u> <u>0</u> <u>4</u> <u>9</u>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
	<u>Supplies - Medical</u>		

3.102	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$329.54</u>
	<u>CORE SOUND IMAGING INC</u>	<input type="checkbox"/> Contingent	
	<u>5510 SIX FORKS RD</u>	<input type="checkbox"/> Unliquidated	
	<u>STE 200</u>	<input type="checkbox"/> Disputed	
	<u>RALEIGH</u> <u>NC</u> <u>27609</u>	Basis for the claim:	
		<u>Repairs & Maintenance</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
	Last 4 digits of account number <u>5</u> <u>7</u> <u>1</u> <u>7</u>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
	<u>Repairs & Maintenance</u>		

3.103	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$3,837.16</u>
	<u>COVIDIEN</u>	<input type="checkbox"/> Contingent	
	<u>4642 COLLECTION CENTER DR</u>	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	<u>CHICAGO</u> <u>IL</u> <u>60693-0046</u>	Basis for the claim:	
		<u>Supplies - Medical</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
	Last 4 digits of account number <u>1</u> <u>3</u> <u>1</u> <u>2</u>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
	<u>Supplies - Medical</u>		

3.104	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$13,838.38</u>
	<u>CQ PARTNERS, LLC</u>	<input type="checkbox"/> Contingent	
	<u>580 HOWARD AVE</u>	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	<u>SOMERSET</u> <u>NJ</u> <u>08873</u>	Basis for the claim:	
		<u>Medical Charge</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
	Last 4 digits of account number <u>6</u> <u>0</u> <u>7</u> <u>5</u>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
	<u>Medical Charge</u>		

Part 2:

Additional Page

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Amount of claim

3.105

Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Supplies - Medical

\$1,269.04

CREST HEALTH CARE

PO BOX 727

DASSEL

MN

55325-0727

Date or dates debt was incurred

Last 4 digits of account number

1149

Supplies - Medical

3.106

Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Repairs & Maintenance

\$2,766.00

CSS

330 RAYFORD ROAD SUITE 417

SPRING

TX

77386

Date or dates debt was incurred

Last 4 digits of account number

6000

Repairs & Maintenance

3.107

Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Supplies- Medical

\$6,200.00

CTL MEDICAL CORP

4550 EXCEL PARKWAY STE# 300

ADDISON

TX

75001

Date or dates debt was incurred

Last 4 digits of account number

6025

Supplies- Medical

3.108

Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Local Newspaper

\$3,438.08

DAILY SENTINEL

4920 COLONIAL DRIVE

PO BOX 630068

NACOGDOCHES

TX

75963-0068

Date or dates debt was incurred

Last 4 digits of account number

1150

Local Newspaper

Part 2:
Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.109

Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Utilities

Is the claim subject to offset?

☒ No
☐ Yes

\$350.32

DEEP EAST TEXAS ELECTRIC COOP

PO BOX 736

SAN AUGSTINE TX 75972

Date or dates debt was incurred

Last 4 digits of account number 1 1 5 5

Utilities

3.110

Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Licenses & Dues

Is the claim subject to offset?

☒ No
☐ Yes

\$548.00

DEPARTMENT HEALTH & HUMAN SVC

POWDER MILL 62143

12225 WILKINS AVE

ROCKVILLE MD 20852

Date or dates debt was incurred

Last 4 digits of account number 5 9 7 5

Licenses & Dues

3.111

Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Supplies - Medical

Is the claim subject to offset?

☒ No
☐ Yes

\$17,164.46

DEPUY SYNTHES-POWER TOOLS

ATTENTION: LBX 406663

6000 FELDWOOD RD.

COLLEGE PARK GA 30349

Date or dates debt was incurred

Last 4 digits of account number 1 0 9 1

Supplies - Medical

3.112

Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Supplies - Medical

Is the claim subject to offset?

☒ No
☐ Yes

\$1,764.02

DEROYAL INDUSTRIES INC

MSC 30316

PO BOX 415000

NASHVILLE TN 37241

Date or dates debt was incurred

Last 4 digits of account number 1 1 6 0

Supplies - Medical

Part 2: Additional Page

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Amount of claim

3.113	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$17,713.00</u>
<u>DIGICERT</u>		<input type="checkbox"/> Contingent	
<u>PO BOX 840695</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<u>DALLAS TX 75284-0695</u>		Basis for the claim:	
		<u>Supplies- Medical</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>4 6 9 3</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
<u>Supplies- Medical</u>			

3.114	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$26,938.75</u>
<u>DISCOVERY HEALTHCARE CONSULTING GROUP</u>		<input type="checkbox"/> Contingent	
<u>PO BOX 93067</u>		<input type="checkbox"/> Unliquidated	
<u>LUBBOCK, TX 7493-3067</u>		<input type="checkbox"/> Disputed	
		Basis for the claim:	
		<u>Accounting</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

3.115	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$771.43</u>
<u>DISK-O-TAPE</u>		<input type="checkbox"/> Contingent	
<u>23775 MERCANTILE ROAD</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<u>CLEVELAND OH 44122</u>		Basis for the claim:	
		<u>Supplies - Medical</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>5 7 7 0</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
<u>Supplies - Medical</u>			

3.116	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$2,330.70</u>
<u>DOOR CONTROL SERVICES INC</u>		<input type="checkbox"/> Contingent	
<u>PO BOX 675067</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<u>DALLAS TX 75267-9347</u>		Basis for the claim:	
		<u>Repairs & Maintenance</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>1 0 1 6</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
<u>Repairs & Maintenance</u>			

Part 2: Additional Page

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Amount of claim

<div>3.117</div> <div>Nonpriority creditor's name and mailing address</div> <div>DSHS CENTRAL LAB</div> <div>PO BOX 149347</div> <div></div> <div>AUSTIN TX 78714-9347</div> <div>Date or dates debt was incurred</div> <div>Last 4 digits of account number 1 6 7 2</div> <div>Lab Testing</div>	<div>As of the petition filing date, the claim is:</div> <div>Check all that apply.</div> <div><input type="checkbox"/> Contingent</div> <div><input type="checkbox"/> Unliquidated</div> <div><input type="checkbox"/> Disputed</div> <div>Basis for the claim:</div> <div>Lab Testing</div> <div>Is the claim subject to offset?</div> <div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes</div>	<div>\$2,986.85</div>
<div>3.118</div> <div>Nonpriority creditor's name and mailing address</div> <div>DSS</div> <div>521 E MAIN</div> <div></div> <div>NACOGDOCHES TX 75961</div> <div>Date or dates debt was incurred</div> <div>Last 4 digits of account number 5 2 7 2</div> <div>Repairs & Maintenance</div>	<div>As of the petition filing date, the claim is:</div> <div>Check all that apply.</div> <div><input type="checkbox"/> Contingent</div> <div><input type="checkbox"/> Unliquidated</div> <div><input type="checkbox"/> Disputed</div> <div>Basis for the claim:</div> <div>Repairs & Maintenance</div> <div>Is the claim subject to offset?</div> <div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes</div>	<div>\$522.60</div>
<div>3.119</div> <div>Nonpriority creditor's name and mailing address</div> <div>E T NEPHROLOGY ASSOC PA</div> <div>PO BOX 150408</div> <div></div> <div>LUFKIN TX 75915-0408</div> <div>Date or dates debt was incurred</div> <div>Last 4 digits of account number 4 6 6 8</div> <div>Physician Call / Directorships</div>	<div>As of the petition filing date, the claim is:</div> <div>Check all that apply.</div> <div><input type="checkbox"/> Contingent</div> <div><input type="checkbox"/> Unliquidated</div> <div><input type="checkbox"/> Disputed</div> <div>Basis for the claim:</div> <div>Physician Call / Directorships</div> <div>Is the claim subject to offset?</div> <div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes</div>	<div>\$9,000.00</div>
<div>3.120</div> <div>Nonpriority creditor's name and mailing address</div> <div>E3 DIAGNOSTICS INC</div> <div>3333 N. KENNICOTT</div> <div></div> <div>ARLINGTON HEIGHT IL 60004</div> <div>Date or dates debt was incurred</div> <div>Last 4 digits of account number 6 0 7 2</div> <div>Equipment Rent/Lease</div>	<div>As of the petition filing date, the claim is:</div> <div>Check all that apply.</div> <div><input type="checkbox"/> Contingent</div> <div><input type="checkbox"/> Unliquidated</div> <div><input type="checkbox"/> Disputed</div> <div>Basis for the claim:</div> <div>Equipment Rent/Lease</div> <div>Is the claim subject to offset?</div> <div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes</div>	<div>\$32,517.25</div>

Part 2:
Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.121

Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

EARS AND HEARING PA

12319 N MOPAC EXP

BLDG C 300

AUSTIN

TX

75758

Date or dates debt was incurred

Last 4 digits of account number

5700

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Physician Call / Directorships

Is the claim subject to offset?

☒ No
☐ Yes

\$5,390.00

Physician Call / Directorships

3.122

Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

EAST TEX COMMUNITY HEALTH

P O BOX 632040

NACOGDOCHES

TX

75963-2040

Date or dates debt was incurred

Last 4 digits of account number

1014

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

NMPG

Is the claim subject to offset?

☒ No
☐ Yes

\$1,596.00

NMPG

3.123

Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

EAST TEXAS BP LLC

305A EQUIPMENT COURT

LAWRENCEVILLE

GA

30046

Date or dates debt was incurred

Last 4 digits of account number

6069

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Repairs & Maintenance

Is the claim subject to offset?

☒ No
☐ Yes

\$2,079.48

Repairs & Maintenance

3.124

Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

EAST TEXAS CARPETS INC.

1115 NORTH UNIVERSITY DRIVE

NACOGDOCHES

TX

75961

Date or dates debt was incurred

Last 4 digits of account number

2413

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Repairs & Maintenance

Is the claim subject to offset?

☒ No
☐ Yes

\$14,187.81

Repairs & Maintenance

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

page 32

Part 2:

Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.125

Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

NMPG Billing & Coding Software

Is the claim subject to offset?

☒ No
☐ Yes

\$14,438.86

Eclinicalworks llc

PO BOX 847950

BOSTON

MA

02284-7950

Date or dates debt was incurred

Last 4 digits of account number

5568

NMPG Billing & Coding Software

3.126

Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Electricity Provider

Is the claim subject to offset?

☒ No
☐ Yes

\$431,854.24

EDF, Inc.

PO Box 74007029

Chicago

IL

60674

Date or dates debt was incurred

Last 4 digits of account number

3.127

Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Wages etc.

Is the claim subject to offset?

☒ No
☐ Yes

\$2,711.54

Edmund C. King

5351 N Eagles View Dr.

Lehi

UT

84043

Date or dates debt was incurred

Last 4 digits of account number

3.128

Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Employee expenses reimbursement

Is the claim subject to offset?

☒ No
☐ Yes

Unknown

Edmund C. King

5351 N Eagles View Dr.

Lehi

UT

84043

Date or dates debt was incurred

Last 4 digits of account number

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.129	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$1,126.55</u>
<u>EDWARD DON & COMPANY</u>		<input type="checkbox"/> Contingent	
<u>2562 PAYSHERE CIRCLE</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<u>CHICAGO</u> <u>IL</u> <u>60674</u>		Basis for the claim:	
		<u>Dietary- Food Supplies</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>1</u> <u>1</u> <u>7</u> <u>1</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Dietary- Food Supplies			

3.130	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$3,674.49</u>
<u>EEC INTERMEDIATE HOLDINGS LLC</u>		<input type="checkbox"/> Contingent	
<u>15161 TECHNOLOGY DR</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<u>BROOKSVILLE</u> <u>FL</u> <u>34604</u>		Basis for the claim:	
		<u>Dietary- Food Supplies</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>6</u> <u>0</u> <u>0</u> <u>6</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Dietary- Food Supplies			

3.131	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$2,753.28</u>
<u>ELIAS GEORGE</u>		<input type="checkbox"/> Contingent	
<u>1118 TOPACIO ST.</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<u>EDINBURG</u> <u>TX</u> <u>78539</u>		Basis for the claim:	
		<u>Expense Reimbursement</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>6</u> <u>0</u> <u>7</u> <u>8</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Expense Reimbursement			

3.132	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$8,625.74</u>
<u>ELLIOTT ELECTRIC SUPPLY</u>		<input type="checkbox"/> Contingent	
<u>PO BOX 206524</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<u>DALLAS</u> <u>TX</u> <u>75320-6524</u>		Basis for the claim:	
		<u>Repairs & Maintenance</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>1</u> <u>1</u> <u>7</u> <u>4</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Repairs & Maintenance			

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.133	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$448.16</u>
<u>ENCORE MUSIC CO</u>		<input type="checkbox"/> Contingent	
<u>706 N UNIVERSITY DR</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
<u>NACOGDOCHES TX 75961</u>		<u>Services</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>1 1 7 7</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Services			

3.134	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$1,375.00</u>
<u>ERI CONSULTING, INC</u>		<input type="checkbox"/> Contingent	
<u>2026 REPUBLIC DRIVE, SUITE A</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
<u>TYLER TX 75701</u>		<u>Consulting-Construction in Progress</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>3 1 4 8</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Consulting-Construction in Progress			

3.135	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$9,795.00</u>
<u>EVERGREEN MEDICAL SVCS INC</u>		<input type="checkbox"/> Contingent	
<u>DEPT CH 17023</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
<u>PALATINE IL 60055-7023</u>		<u>Medical Gas</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>0 5 1 2</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Medical Gas			

3.136	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$5,680.11</u>
<u>EVOQUA WATER TECHNOLOGIES LLC</u>		<input type="checkbox"/> Contingent	
<u>28563 NETWORK PLACE</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
<u>CHICAGO IL 60673-1285</u>		<u>Supplies- Medical</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>3 8 2 7</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Supplies- Medical			

Part 2:
Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.137

Nonpriority creditor's name and mailing address

EXPRESS PERSONNEL SERVICES

210 C TIMBERLAND DR

LUFKIN

TX

75901

Date or dates debt was incurred

Last 4 digits of account number

1

1

8

8

Contract Labor

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Contract Labor

Is the claim subject to offset?

☒ No
☐ Yes

\$7,415.13

3.138

Nonpriority creditor's name and mailing address

FASTENAL CO

PO BOX 1286

WINONA

MN

55987-1286

Date or dates debt was incurred

Last 4 digits of account number

0

4

6

6

Repairs & Maintenance

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Repairs & Maintenance

Is the claim subject to offset?

☒ No
☐ Yes

\$727.58

3.139

Nonpriority creditor's name and mailing address

FEDEX

PO BOX 660481

Vendor Account Number: 30508

DALLAS

TX

75266-0481

Date or dates debt was incurred

Last 4 digits of account number

1

1

9

0

Postage & Shipping

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Postage & Shipping

Is the claim subject to offset?

☒ No
☐ Yes

\$10,900.34

3.140

Nonpriority creditor's name and mailing address

FEDORA INTERTECH LLC

1501 PREBLE AVE

PITTSBURGH

PA

15233

Date or dates debt was incurred

Last 4 digits of account number

5

9

3

6

Supplies - Medical

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Supplies - Medical

Is the claim subject to offset?

☒ No
☐ Yes

\$1,636.00

Part 2:
Additional Page

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Amount of claim

3.141

Nonpriority creditor's name and mailing address

FENLEY & BATE LLP

P O BOX 450

LUFKIN, TX

Date or dates debt was incurred

Last 4 digits of account number

1965

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Attorney

Is the claim subject to offset?

☒ No
☐ Yes

Attorney

\$14,815.37

3.142

Nonpriority creditor's name and mailing address

FINTHRIVE INC

PO BOX 733492

Date or dates debt was incurred

Last 4 digits of account number

5569

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Subscription

Is the claim subject to offset?

☒ No
☐ Yes

Subscription

\$13,412.43

3.143

Nonpriority creditor's name and mailing address

FISHER & PAYKEL HEALTHCARE INC

DEPT CH 16926

Date or dates debt was incurred

Last 4 digits of account number

4658

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Supplies - Medical

Is the claim subject to offset?

☒ No
☐ Yes

Supplies - Medical

\$661.60

3.144

Nonpriority creditor's name and mailing address

FISHER HEAL

ACCT# 524483-001

PO BOX 404705

Date or dates debt was incurred

Last 4 digits of account number

1193

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Supplies - Medical

Is the claim subject to offset?

☒ No
☐ Yes

Supplies - Medical

\$25,806.07

Part 2: Additional Page

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Amount of claim

3.145	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$509.12</u>
<u>FOOD SERVICE RESOURCES</u>		<input type="checkbox"/> Contingent	
<u>5350 MCEVER ROAD STE A</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<u>FLOWERY BRANCH</u> <u>GA</u> <u>30542</u>		Basis for the claim:	
Date or dates debt was incurred		<u>Dietary- Food Supplies</u>	
Last 4 digits of account number <u>1</u> <u>1</u> <u>9</u> <u>8</u>		Is the claim subject to offset?	
Dietary- Food Supplies		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

3.146	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$55,825.00</u>
<u>FORVIS</u>		<input type="checkbox"/> Contingent	
<u>510 N VALLEY MILLS</u>		<input type="checkbox"/> Unliquidated	
<u>STE 200</u>		<input type="checkbox"/> Disputed	
<u>WACO</u> <u>TX</u> <u>76710</u>		Basis for the claim:	
Date or dates debt was incurred		<u>Consulting Services</u>	
Last 4 digits of account number <u>4</u> <u>7</u> <u>8</u> <u>8</u>		Is the claim subject to offset?	
Consulting Services		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

3.147	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$6,062.31</u>
<u>FREDONIA HOSPITALITY LLC</u>		<input type="checkbox"/> Contingent	
<u>200 N FREDONIA ST</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<u>NACOGDOCHES</u> <u>TX</u> <u>75961</u>		Basis for the claim:	
Date or dates debt was incurred		<u>Marketing</u>	
Last 4 digits of account number <u>5</u> <u>6</u> <u>4</u> <u>0</u>		Is the claim subject to offset?	
Marketing		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

3.148	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$201.76</u>
<u>FREDONIA ROTARY CLUB</u>		<input type="checkbox"/> Contingent	
<u>PO BOX 633092</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<u>NACOGDOCHES</u> <u>TX</u> <u>75963</u>		Basis for the claim:	
Date or dates debt was incurred		<u>Licenses & Dues</u>	
Last 4 digits of account number <u>1</u> <u>2</u> <u>4</u> <u>0</u>		Is the claim subject to offset?	
Licenses & Dues		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Part 2:
Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.149

Nonpriority creditor's name and mailing address

Garlic Media Management LLC

1195 S Lipan St, Unit A

Denver

CO

80223

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Marketing

Is the claim subject to offset?

☒ No
☐ Yes

\$108,000.00

3.150

Nonpriority creditor's name and mailing address

GE HEALTHCARE EQUIPMENT FINANCE

PO BOX 641419

PITTSBURGH

PA

15264-1419

Date or dates debt was incurred

Last 4 digits of account number

3

7

5

7

Equipment Rent/Lease

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Equipment Rent/Lease

Is the claim subject to offset?

☒ No
☐ Yes

\$32,605.02

3.151

Nonpriority creditor's name and mailing address

GE PRECISION HEALTHCARE LLC

3000 N GRANDVIEW BLVD

WAUKESHA

WI

53188-1615

Date or dates debt was incurred

Last 4 digits of account number

6

0

1

2

Supplies - Medical

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Supplies - Medical

Is the claim subject to offset?

☒ No
☐ Yes

\$4,776.67

3.152

Nonpriority creditor's name and mailing address

GERMER PLLC

P.O BOX 4915

BEAUMONT

TX

77701

Date or dates debt was incurred

Last 4 digits of account number

6

0

3

2

Supplies - Medical

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Supplies - Medical

Is the claim subject to offset?

☒ No
☐ Yes

\$19,951.18

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.153	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$27,548.37</u>
<u>GETINGE</u>		<input type="checkbox"/> Contingent	
<u>PO BOX 775436</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
<u>CHICAGO</u> <u>IL</u> <u>60677-5436</u>		<u>Supplies- Medical</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>1</u> <u>0</u> <u>5</u> <u>6</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Supplies- Medical			

3.154	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$552.35</u>
<u>GETINGE/CASTLE INC</u>		<input type="checkbox"/> Contingent	
<u>PO BOX 775436</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
<u>CHICAGO</u> <u>IL</u> <u>60677-5436</u>		<u>Supplies- Medical</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>1</u> <u>0</u> <u>1</u> <u>8</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Supplies- Medical			

3.155	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$5,260.14</u>
<u>GEXTIXHEALTH HOLDING CORP</u>		<input type="checkbox"/> Contingent	
<u>PO BOX 2587</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
<u>STAFFORD</u> <u>TX</u> <u>77497</u>		<u>Services</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>5</u> <u>5</u> <u>6</u> <u>7</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Services			

3.156	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$47,454.66</u>
<u>GIFTED INTERMEDIATE HOLDINGS II, INC.</u>		<input type="checkbox"/> Contingent	
<u>GIFTED NURSES, LLC DBA GIFTED HEALTHCARE</u>		<input type="checkbox"/> Unliquidated	
<u>3330 W ESPLANADE AVE, STE 505</u>		<input type="checkbox"/> Disputed	
		Basis for the claim:	
<u>METAIRIE</u> <u>LA</u> <u>70002</u>		<u>Staffing</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>6</u> <u>0</u> <u>8</u> <u>7</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Staffing			

Part 2:
Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.157

Nonpriority creditor's name and mailing address

Gjerset & Lorez, LLP

2801 Via Fortuna

AustinTX78746

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Attorney Fees

Is the claim subject to offset?

☒ No
☐ Yes

\$215,110.00

3.158

Nonpriority creditor's name and mailing address

Goldie's Upholstery

920 SOUTH ST

NACOGDOCHESTX75964

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Repairs & Maintenance

Is the claim subject to offset?

☒ No
☐ Yes

\$135.00

Repairs & Maintenance

3.159

Nonpriority creditor's name and mailing address

Gordon Food

PO Box 88029

ChicagoIL60680

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Dietary-Food Supplies (Cafeteria)

Is the claim subject to offset?

☒ No
☐ Yes

\$125,843.90

3.160

Nonpriority creditor's name and mailing address

GRAINGER

DEPT 823364534

PO BOX 419267

KANSAS CITYMO64141-6267

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Repairs & Maintenance

Is the claim subject to offset?

☒ No
☐ Yes

\$45,985.93

Repairs & Maintenance

Part 2:
Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.161

Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:
Check all that apply.

Unknown

GREEN & GREEN CPA INC

28382 CONSTELLATION ROAD

VALENCIA

CA

91355

Date or dates debt was incurred

Last 4 digits of account number

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:
Accounting

Is the claim subject to offset?

☒ No
☐ Yes

3.162

Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:
Check all that apply.

\$10,450.00

GREEN AND SPIEGEL U.S., LLC

1524 DELANCEY ST., 4TH FLOOR

PHILADELPHIA

PA

19102

Date or dates debt was incurred

Last 4 digits of account number

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:
Legal

Is the claim subject to offset?

☒ No
☐ Yes

Legal

3.163

Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:
Check all that apply.

Unknown

Gregory Tate, DDS, MD

508 Russell Blvd

Nacogdoches

TX

75965

Date or dates debt was incurred

Last 4 digits of account number

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:
Services

Is the claim subject to offset?

☒ No
☐ Yes

3.164

Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:
Check all that apply.

\$4,384.48

GUERBET LLC

DEPT 3917

CAROL STREAM

IL

60132

Date or dates debt was incurred

Last 4 digits of account number

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:
Supplies - Medical

Is the claim subject to offset?

☒ No
☐ Yes

Supplies - Medical

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.165 Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$56,505.78</u>
<u>GULF COAST REGIONAL BLOOD CENTER</u>	<input type="checkbox"/> Contingent	
<u>PO BOX 301092</u>	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
	Basis for the claim:	
<u>DALLAS TX 75303-1092</u>	<u>Supplies - Blood</u>	
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number <u>1 0 2 1</u>	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
<u>Supplies - Blood</u>		

3.166 Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$22,072.69</u>
<u>HASHMET WALI AND ASSOCIATES INC.</u>	<input type="checkbox"/> Contingent	
<u>8914 DAFFODIL STREET</u>	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
	Basis for the claim:	
<u>HOUSTON TX 77063</u>	<u>Repairs & Maintenance</u>	
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number <u>6 0 8 3</u>	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
<u>Repairs & Maintenance</u>		

3.167 Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$233.50</u>
<u>HAVELS INCORPORATED</u>	<input type="checkbox"/> Contingent	
<u>3726 LONSDALES ST</u>	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
	Basis for the claim:	
<u>CINCINNATI OH 45227</u>	<u>Supplies - Medical</u>	
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number <u>1 2 1 8</u>	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
<u>Supplies - Medical</u>		

3.168 Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$2,160.58</u>
<u>HD SUPPLY FACILITES MAINTENANCE</u>	<input type="checkbox"/> Contingent	
<u>PO BOX 509058</u>	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
	Basis for the claim:	
<u>SAN DIEGO CA 92150-9058</u>	<u>Repairs & Maintenance</u>	
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number <u>5 4 8 6</u>	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
<u>Repairs & Maintenance</u>		

Part 2:
Additional Page

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Amount of claim

3.169

Nonpriority creditor's name and mailing address

Head Pediatric, PLLC

625 Russell Blvd

NacogdochesTX75965

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

☐Contingent
☐Unliquidated
☐Disputed

Basis for the claim:

Services

Is the claim subject to offset?

☒No
☐Yes

\$6,000.00

3.170

Nonpriority creditor's name and mailing address

HEALTHCARE FACILITIES CONSULTING INC

2517 LEBANON PIKE

SUITE 302

NASHVILLETN37214

Date or dates debt was incurred

Last 4 digits of account number

6

0

9

0

As of the petition filing date, the claim is:

Check all that apply.

☐Contingent
☐Unliquidated
☐Disputed

Basis for the claim:

Consulting

Is the claim subject to offset?

☒No
☐Yes

\$24,163.34

Consulting

3.171

Nonpriority creditor's name and mailing address

HEDMAN PARTNERS LP

27441 TOURNEY ROAD

SUITE 200

VALENCIACA91355

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

☐Contingent
☐Unliquidated
☐Disputed

Basis for the claim:

Accounting

Is the claim subject to offset?

☒No
☐Yes

\$15,814.00

3.172

Nonpriority creditor's name and mailing address

HELENA LABORATORIES CORP

PO BOX 676445

DALLASTX75267-6445

Date or dates debt was incurred

Last 4 digits of account number

1

2

2

5

As of the petition filing date, the claim is:

Check all that apply.

☐Contingent
☐Unliquidated
☐Disputed

Basis for the claim:

Supplies- Medical

Is the claim subject to offset?

☒No
☐Yes

\$124.98

Supplies- Medical

Part 2: Additional Page

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Amount of claim

3.173	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$37,709.03</u>
<u>HELPING HANDS NURSING AGENCY</u>		<input type="checkbox"/> Contingent	
<u>PO BOX 297</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<u>JASPER TX 75951</u>		Basis for the claim:	
		<u>Staffing Agency</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>5 3 4 7</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
<u>Staffing Agency</u>			

3.174	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$5,417.70</u>
<u>HENSLER SURGICAL,LLC</u>		<input type="checkbox"/> Contingent	
<u>2420 SOUTH 17TH ST STE C</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<u>WILMINGTON NC 28401</u>		Basis for the claim:	
		<u>Supplies- Medical</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>5 7 9 7</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
<u>Supplies- Medical</u>			

3.175	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$8,000.00</u>
<u>HFMA</u>		<input type="checkbox"/> Contingent	
<u>5195 EAGLE WAY</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<u>CHICAGO IL 60678-1051</u>		Basis for the claim:	
		<u>Licenses & Dues</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>0 5 8 9</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
<u>Licenses & Dues</u>			

3.176	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$50,344.32</u>
<u>HILL ROM</u>		<input type="checkbox"/> Contingent	
<u>PO BOX 643592</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<u>PITTSBURGH PA 15264-3592</u>		Basis for the claim:	
		<u>Equipment Rent/Lease</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>1 2 2 7</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
<u>Equipment Rent/Lease</u>			

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.177 Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$4,249.00</u>
<u>HOBART</u>	<input type="checkbox"/> Contingent	
<u>PO BOX 2517</u>	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
	Basis for the claim:	
<u>CAROL STREAM</u> <u>IL</u> <u>60132</u>	<u>Equipment Rent/Lease</u>	
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number <u>1</u> <u>2</u> <u>2</u> <u>9</u>	<input checked="" type="checkbox"/> No	
Equipment Rent/Lease	<input type="checkbox"/> Yes	

3.178 Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$94,187.05</u>
<u>HOLOGIC INC</u>	<input type="checkbox"/> Contingent	
<u>24506 NETWORK PLACE</u>	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
	Basis for the claim:	
<u>CHICAGO</u> <u>IL</u> <u>60673-1245</u>	<u>Supplies - Medical</u>	
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number <u>3</u> <u>1</u> <u>6</u> <u>2</u>	<input checked="" type="checkbox"/> No	
Supplies - Medical	<input type="checkbox"/> Yes	

3.179 Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$95,256.48</u>
<u>HPHG, LLC - DBA 90 DEGREE BENEFITS</u>	<input type="checkbox"/> Contingent	
<u>4401 82ND ST. UNIT 1200</u>	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
	Basis for the claim:	
<u>LUBBOCK</u> <u>TX</u> <u>79424</u>	<u>Employee Benefits</u>	
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number <u>6</u> <u>1</u> <u>0</u> <u>8</u>	<input checked="" type="checkbox"/> No	
Employee Benefits	<input type="checkbox"/> Yes	

3.180 Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$1,610.00</u>
<u>HUGHES CONSTRUCTION & DEVELOPMENT, LLC</u>	<input type="checkbox"/> Contingent	
<u>13570 EAST STATE HWY 103</u>	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
	Basis for the claim:	
<u>HUNTINGTON</u> <u>TX</u> <u>75949</u>	<u>Repairs & Maintenance</u>	
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number <u>6</u> <u>1</u> <u>0</u> <u>0</u>	<input checked="" type="checkbox"/> No	
Repairs & Maintenance	<input type="checkbox"/> Yes	

Part 2:
Additional Page

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Amount of claim

3.181

Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Legal

HUSCH BLACKWELL LLP

P.O. BOX 790379

ST LOUISMO63179-0379

Date or dates debt was incurred

Last 4 digits of account number

6008

Is the claim subject to offset?

☒ No
☐ Yes

\$16,533.00

Legal

3.182

Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Supplies - Medical

ICU MEDICAL INC

PO BOX 848908

LOS ANGELESCA09008

Date or dates debt was incurred

Last 4 digits of account number

4812

Is the claim subject to offset?

☒ No
☐ Yes

\$237.60

Supplies - Medical

3.183

Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

IMAGING PHYSICS LLC

227 SANDY SPRINGS PLACE

STE D-300

SANDY SPRINGSGA30328

Date or dates debt was incurred

Last 4 digits of account number

4897

Is the claim subject to offset?

☒ No
☐ Yes

\$17,467.60

3.184

Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Supplies - Medical

IMMUCOR

PO BOX 102118

ATLANTAGA30368-2118

Date or dates debt was incurred

Last 4 digits of account number

1801

Is the claim subject to offset?

☒ No
☐ Yes

\$19,217.67

Supplies - Medical

Part 2:
Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.185

Nonpriority creditor's name and mailing address

INSIGHT DIRECT USA INC

GALEN & DAVIS, LLP

2945 TOWNSGATE RD - STE 200

WESTLAKE VILLAGE

CA

91361

Date or dates debt was incurred

Last 4 digits of account number

6055

IT

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

IT

Is the claim subject to offset?

☒ No
☐ Yes

\$7,239.69

3.186

Nonpriority creditor's name and mailing address

INTEGRA

PO BOX 404129

ATLANTA

GA

30384-4129

Date or dates debt was incurred

Last 4 digits of account number

1164

Supplies- Medical

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Supplies- Medical

Is the claim subject to offset?

☒ No
☐ Yes

\$21,639.16

3.187

Nonpriority creditor's name and mailing address

INTERFACE SECURITY SYSTEMS LLC

8339 SOLUTIONS CENTER

CHICAGO

IL

60677-8003

Date or dates debt was incurred

Last 4 digits of account number

5118

NICU Infant Monitoring

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

NICU Infant Monitoring

Is the claim subject to offset?

☒ No
☐ Yes

\$16,868.94

3.188

Nonpriority creditor's name and mailing address

INTERLINE BRANDS INC

PO BOX 404468

ATLANTA

GA

30384-4468

Date or dates debt was incurred

Last 4 digits of account number

5609

Repairs & Maintenance

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Repairs & Maintenance

Is the claim subject to offset?

☒ No
☐ Yes

\$1,825.95

Part 2: Additional Page

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Amount of claim

3.189	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$5,982.00</u>
<u>INTERTECH SECURITY-use 593</u>		<input type="checkbox"/> Contingent	
<u>1501 PREBLE AVN</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<u>PITTSBURGH PA 15233</u>		Basis for the claim:	
		<u>Supplies</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>5 0 6 1</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Supplies			

3.190	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$500.00</u>
<u>JAMES A. HUGHES</u>		<input type="checkbox"/> Contingent	
<u>123 RIDGEWOOD ST</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<u>LUFKIN TX 75904</u>		Basis for the claim:	
		<u>Marketing</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>6 0 1 4</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Marketing			

3.191	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$11,000.00</u>
<u>James Redfield, MD</u>		<input type="checkbox"/> Contingent	
<u>1002 Mound Street</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<u>Nacogdoches TX 75961</u>		Basis for the claim:	
		<u>Services</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u> </u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

3.192	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$733.39</u>
<u>JB CRAWFORD CONSTRUCTION, LLC</u>		<input type="checkbox"/> Contingent	
<u>2802 DURST STREET</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<u>NACOGDOCHES TX 75964</u>		Basis for the claim:	
		<u>Repairs & Maintenance</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>6 1 1 5</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Repairs & Maintenance			

Part 2:
Additional Page

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Amount of claim

3.193

Nonpriority creditor's name and mailing address

JENSEN HUGHES INC

3610 COMMERCE DRIVE

SUITE 8

BALTIMORE

MD

21227-1640

Date or dates debt was incurred

Last 4 digits of account number

6047

Consulting Services

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Consulting Services

Is the claim subject to offset?

☒ No
☐ Yes

\$12,000.00

3.194

Nonpriority creditor's name and mailing address

JETT BUSINESS SYSTEMS INC

1452 HAWN AVE

SHREVEPORT

LA

71107

Date or dates debt was incurred

Last 4 digits of account number

1304

Supplies - Office

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Supplies - Office

Is the claim subject to offset?

☒ No
☐ Yes

\$9,584.61

3.195

Nonpriority creditor's name and mailing address

JOHNSON & JOHNSON HEALTHCARE

5972 COLLECTIONS CENTER DR

CHICAGO

IL

60693

Date or dates debt was incurred

Last 4 digits of account number

1306

Supplies - Medical

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Supplies - Medical

Is the claim subject to offset?

☒ No
☐ Yes

\$3,919.28

3.196

Nonpriority creditor's name and mailing address

JOHNSON CONTROLS INC

5757 N GREEN BAT AVE

MILWAUKEE

WI

53209

Date or dates debt was incurred

Last 4 digits of account number

5997

Repairs & Maintenance

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Repairs & Maintenance

Is the claim subject to offset?

☒ No
☐ Yes

\$8,944.14

Part 2:
Additional Page

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Amount of claim

3.197

Nonpriority creditor's name and mailing address

KENTEC

17871 FITCH

IRVINE

CA

92614

Date or dates debt was incurred

Last 4 digits of account number

4395

Supplies - Medical

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Supplies - Medical

Is the claim subject to offset?

☒ No
☐ Yes

\$235.96

3.198

Nonpriority creditor's name and mailing address

KERMA MEDICAL PRODUCTS INC

215 SUBURBAN DR

SUFFOLK

VA

23434

Date or dates debt was incurred

Last 4 digits of account number

4986

Supplies - Medical

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Supplies - Medical

Is the claim subject to offset?

☒ No
☐ Yes

\$1,608.96

3.199

Nonpriority creditor's name and mailing address

KEY SCIENTIFIC

1113 E REYNOLDS

STAMFORD

TX

79553

Date or dates debt was incurred

Last 4 digits of account number

2710

Supplies- Medical

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Supplies- Medical

Is the claim subject to offset?

☒ No
☐ Yes

\$410.16

3.200

Nonpriority creditor's name and mailing address

KLINE'S

628 N UNIVERSITY DR

NACOGDOCHES

TX

75961

Date or dates debt was incurred

Last 4 digits of account number

1317

Supplies

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Supplies

Is the claim subject to offset?

☒ No
☐ Yes

\$1,169.83

Part 2:

Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.201

Nonpriority creditor's name and mailing address

KOPPEL & KOZEL LLC

2947 SPECIALLY DRIVE UNIT 4

TYLER

TX

75707

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
 ☐ Unliquidated
 ☐ Disputed

Basis for the claim:

Repairs & Maintenance

Is the claim subject to offset?

☒ No
 ☐ Yes

\$10,655.05

Date or dates debt was incurred

Last 4 digits of account number

5885

Repairs & Maintenance

3.202

Nonpriority creditor's name and mailing address

KROGER

PO BOX 776417

CHICAGO

IL

60677-6714

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
 ☐ Unliquidated
 ☐ Disputed

Basis for the claim:

Dietary - Food Supplies

Is the claim subject to offset?

☒ No
 ☐ Yes

\$166.38

Date or dates debt was incurred

Last 4 digits of account number

1326

Dietary - Food Supplies

3.203

Nonpriority creditor's name and mailing address

KUMURA & ASSOCIATES INC

1602 SIDDALL DR.

VISTA

CA

92084

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
 ☐ Unliquidated
 ☐ Disputed

Basis for the claim:

Consulting Services

Is the claim subject to offset?

☒ No
 ☐ Yes

\$30,362.50

Date or dates debt was incurred

Last 4 digits of account number

5898

Consulting Services

3.204

Nonpriority creditor's name and mailing address

KURIN INC

10755 SCRIPPS POWAY PKWY 257

SAN DIEGO

CA

92131

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
 ☐ Unliquidated
 ☐ Disputed

Basis for the claim:

Supplies - Medical

Is the claim subject to offset?

☒ No
 ☐ Yes

\$22,834.17

Date or dates debt was incurred

Last 4 digits of account number

5825

Supplies - Medical

Part 2:
Additional Page

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Amount of claim

3.205

Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

KURZ MEDICAL INC

70 CHESTNUT ST

SHERWSBURY

MA

01545

Date or dates debt was incurred

Last 4 digits of account number

6064

Supplies - Medical

\$3,544.70

Basis for the claim:

Supplies - Medical

Is the claim subject to offset?

☒ No
☐ Yes

3.206

Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

LABORIE MEDICAL TECHNOLOGIES

PO BOX 734615

CHICAGO

CA

60673-4615

Date or dates debt was incurred

Last 4 digits of account number

5312

Supplies- Medical

\$248.08

Basis for the claim:

Supplies- Medical

Is the claim subject to offset?

☒ No
☐ Yes

3.207

Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

LAMAR TEXAS LIMITED PARTNERSHIP

P.O. BOX 746966

ATLANTA

GA

30374-6966

Date or dates debt was incurred

Last 4 digits of account number

6067

Marketing

\$28,330.17

Basis for the claim:

Marketing

Is the claim subject to offset?

☒ No
☐ Yes

3.208

Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

LAMAR UNIVERSITY

4400 DR. MARTIN LUTHER KING, JR.

PARKWAY SOUTH

BEAUMONT

TX

77705

Date or dates debt was incurred

Last 4 digits of account number

6120

Employee Recruitment

\$300.00

Basis for the claim:

Employee Recruitment

Is the claim subject to offset?

☒ No
☐ Yes

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.209	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$957.10</u>
	<u>LANDAUER</u>	<input type="checkbox"/> Contingent	
	<u>PO BOX 809051</u>	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
	<u>CHICAGO</u> <u>IL</u> <u>60680-9051</u>	<u>Services- Radiology</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
	Last 4 digits of account number <u>1</u> <u>3</u> <u>3</u> <u>7</u>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
	<u>Services- Radiology</u>		

3.210	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$630.63</u>
	<u>LANGLEY MFG INC</u>	<input type="checkbox"/> Contingent	
	<u>PO BOX 632732</u>	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
	<u>NACOGDOCHES</u> <u>TX</u> <u>75963</u>	<u>Repairs & Maintenance</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
	Last 4 digits of account number <u>5</u> <u>6</u> <u>9</u> <u>8</u>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
	<u>Repairs & Maintenance</u>		

3.211	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$3,158.83</u>
	<u>LANGUAGE SERVICE ASSOC</u>	<input type="checkbox"/> Contingent	
	<u>PO BOX 829752</u>	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
	<u>PHILADELPHIA</u> <u>PA</u> <u>19182-9752</u>	<u>Services-Interpreting</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
	Last 4 digits of account number <u>4</u> <u>9</u> <u>6</u> <u>2</u>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
	<u>Services-Interpreting</u>		

3.212	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$599.20</u>
	<u>LAWSON PRODUCTS</u>	<input type="checkbox"/> Contingent	
	<u>PO BOX 734922</u>	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
	<u>CHICAGO</u> <u>IL</u> <u>60673-4922</u>	<u>Repairs & Maintenance</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
	Last 4 digits of account number <u>1</u> <u>1</u> <u>6</u> <u>7</u>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
	<u>Repairs & Maintenance</u>		

Part 2:

Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.213	Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,139.76
		LEADING REACH INC	<input type="checkbox"/> Contingent	
		7719 WOOD HOLLOW DRIVE	<input type="checkbox"/> Unliquidated	
		SUITE 265	<input type="checkbox"/> Disputed	
			Basis for the claim:	
		AUSTIN TX 78731	Supplies - Medical	
Date or dates debt was incurred			Is the claim subject to offset?	
Last 4 digits of account number		5 9 8 0	<input checked="" type="checkbox"/> No	
			<input type="checkbox"/> Yes	
Supplies - Medical				

3.214	Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$25,531.72
		LEASING ASSOC OF BARRINGTON	<input type="checkbox"/> Contingent	
		220 N RIVER ST	<input type="checkbox"/> Unliquidated	
			<input type="checkbox"/> Disputed	
			Basis for the claim:	
		EAST DUNDLE IL 60118	Equipment Rent/Lease	
Date or dates debt was incurred			Is the claim subject to offset?	
Last 4 digits of account number		5 3 4 9	<input checked="" type="checkbox"/> No	
			<input type="checkbox"/> Yes	
Equipment Rent/Lease				

3.215	Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$7,065.50
		LEITERS	<input type="checkbox"/> Contingent	
		PO BOX 92154	<input type="checkbox"/> Unliquidated	
			<input type="checkbox"/> Disputed	
			Basis for the claim:	
		LAS VEGAS NV 89193-2154	Supplies - Medical	
Date or dates debt was incurred			Is the claim subject to offset?	
Last 4 digits of account number		5 7 6 5	<input checked="" type="checkbox"/> No	
			<input type="checkbox"/> Yes	
Supplies - Medical				

3.216	Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$62.58
		LHASA OMS, INC	<input type="checkbox"/> Contingent	
		230 LIBBEY INDUSTRIAL PARKWAY	<input type="checkbox"/> Unliquidated	
			<input type="checkbox"/> Disputed	
			Basis for the claim:	
		WEYMOUTH MA 02189	Supplies-Medical	
Date or dates debt was incurred			Is the claim subject to offset?	
Last 4 digits of account number		6 0 2 7	<input checked="" type="checkbox"/> No	
			<input type="checkbox"/> Yes	
Supplies-Medical				

Part 2:
Additional Page

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Amount of claim

3.217

Nonpriority creditor's name and mailing address

LIBERTY FLAG & SPECIALTY CO

PO BOX 424

REEDSBURG

WI

53959

Date or dates debt was incurred

Last 4 digits of account number

1346

Maintenance Supplies

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Maintenance Supplies

Is the claim subject to offset?

☒ No
☐ Yes

\$860.20

3.218

Nonpriority creditor's name and mailing address

LIFE SAFETY SERVICES

908 S 8TH STREET, SUITE 500

LOUISVILLE

KY

40203

Date or dates debt was incurred

Last 4 digits of account number

6124

Inspection

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Inspection

Is the claim subject to offset?

☒ No
☐ Yes

\$3,223.00

3.219

Nonpriority creditor's name and mailing address

LIFENET HEALTH

PO BOX 79636

BALTIMORE

MD

21279-0636

Date or dates debt was incurred

Last 4 digits of account number

4770

Supplies- Medical

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Supplies- Medical

Is the claim subject to offset?

☒ No
☐ Yes

\$3,965.50

3.220

Nonpriority creditor's name and mailing address

LILLY SANITATION

PO BOX 672

GARRISON

TX

75946-0672

Date or dates debt was incurred

Last 4 digits of account number

3829

Utilities

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Utilities

Is the claim subject to offset?

☒ No
☐ Yes

\$348.65

Part 2:
Additional Page

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Amount of claim

3.221

Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Repairs & Maintenance

ATLANTA

GA

30353-0954

Date or dates debt was incurred

Last 4 digits of account number

3018

Repairs & Maintenance

\$953.50

3.222

Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Repairs & Maintenance

LUFKIN

TX

75901

Date or dates debt was incurred

Last 4 digits of account number

4914

Repairs & Maintenance

\$11,997.10

3.223

Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Supplies - Medical

PALATINE

IL

60055-6362

Date or dates debt was incurred

Last 4 digits of account number

3434

Supplies - Medical

\$3,886.74

3.224

Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Repairs & Maintenance

LONGVIEW

TX

75606

Date or dates debt was incurred

Last 4 digits of account number

5228

Repairs & Maintenance

\$40,379.15

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.225	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$8,000.00</u>
	<u>MARGARET JOAN MORGAN</u>	<input type="checkbox"/> Contingent	
	<u>4738 LA VILLA MARINA UNIT C</u>	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
	<u>MARINA DEL RAY</u> <u>CA</u> <u>90292</u>	<u>Consulting Services</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
	Last 4 digits of account number <u>5</u> <u>8</u> <u>2</u> <u>7</u>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
	Consulting Services		

3.226	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$1,989.26</u>
	<u>MARK'S PLUMBING PARTS</u>	<input type="checkbox"/> Contingent	
	<u>PO BOX 121554</u>	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
	<u>FT WORTH</u> <u>TX</u> <u>76116</u>	<u>Repairs & Maintenance</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
	Last 4 digits of account number <u>1</u> <u>3</u> <u>5</u> <u>8</u>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
	Repairs & Maintenance		

3.227	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$3,003.94</u>
	<u>MARKETLAB INC</u>	<input type="checkbox"/> Contingent	
	<u>PO BOX 844348</u>	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
	<u>BOSTON</u> <u>MA</u> <u>02284-4348</u>	<u>Supplies- Medical</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
	Last 4 digits of account number <u>1</u> <u>3</u> <u>5</u> <u>9</u>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
	Supplies- Medical		

3.228	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$5,200.00</u>
	<u>Mary Barnette, MD</u>	<input type="checkbox"/> Contingent	
	<u>3614 N University Dr</u>	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
	<u>Nacogdoches</u> <u>TX</u> <u>75965</u>	<u>Services</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
	Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Part 2:
Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.229

Nonpriority creditor's name and mailing address

MASIMO

28932 NETWORK PLACE

CHICAGO

IL

60673-1289

Date or dates debt was incurred

Last 4 digits of account number

4131

Supplies- Medical

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Supplies- Medical

Is the claim subject to offset?

☒ No
☐ Yes

\$6,866.34

3.230

Nonpriority creditor's name and mailing address

Matheson Tri-Gas

Dept. 3028

PO Box 123028

Dallas

TX

75312

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Patient Cases

Is the claim subject to offset?

☒ No
☐ Yes

\$123,428.72

3.231

Nonpriority creditor's name and mailing address

MCG HEALTH LLC

PO BOX 742350

ATLANTA

GA

30374-2350

Date or dates debt was incurred

Last 4 digits of account number

4939

Prepaid Service Maintenance

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Prepaid Service Maintenance

Is the claim subject to offset?

☒ No
☐ Yes

\$3,918.82

3.232

Nonpriority creditor's name and mailing address

MCWILLIAMS & SON

7642 S US HWY 59

BURKE

TX

75941-4427

Date or dates debt was incurred

Last 4 digits of account number

5060

Repairs & Maintenance

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Repairs & Maintenance

Is the claim subject to offset?

☒ No
☐ Yes

\$253.82

Part 2: Additional Page

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Amount of claim

3.233	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$48,742.50</u>
<u>MD SAVE INC</u>		<input type="checkbox"/> Contingent	
<u>PO BOX 197596</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<u>NASHVILLE</u> <u>TN</u> <u>37219-7596</u>		Basis for the claim:	
		<u>Patient Insurance</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>5</u> <u>2</u> <u>3</u> <u>0</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Patient Insurance			

3.234	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$6,254.64</u>
<u>MED ONE CAPITAL FUNDING LLC</u>		<input type="checkbox"/> Contingent	
<u>LB 271128</u>		<input type="checkbox"/> Unliquidated	
<u>P O BOX 35145</u>		<input type="checkbox"/> Disputed	
<u>SEATTLE</u> <u>WA</u> <u>98124-5145</u>		Basis for the claim:	
		<u>Equipment Rent/Lease</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>4</u> <u>6</u> <u>4</u> <u>8</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Equipment Rent/Lease			

3.235	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$545.49</u>
<u>MED-PAT INC</u>		<input type="checkbox"/> Contingent	
<u>31 RIORDAN PLACE</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<u>SHREWSBURY</u> <u>NJ</u> <u>07702</u>		Basis for the claim:	
		<u>Supplies - Medical</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>1</u> <u>3</u> <u>6</u> <u>7</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Supplies - Medical			

3.236	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$2,812.60</u>
<u>MEDCOMP</u>		<input type="checkbox"/> Contingent	
<u>1499 DELP DR</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<u>HARLEYSVILLE</u> <u>PA</u> <u>19438</u>		Basis for the claim:	
		<u>Supplies- Medical</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>4</u> <u>2</u> <u>8</u> <u>2</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Supplies- Medical			

Part 2: Additional Page

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Amount of claim

3.237	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$3,523.62</u>
<u>MEDELA INC.</u>		<input type="checkbox"/> Contingent	
<u>38789 EAGLE WAY</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<u>CHICAGO IL 60678-1387</u>		Basis for the claim:	
		<u>Supplies - Medical</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>1 2 5 2</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Supplies - Medical			

3.238	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$1,639.34</u>
<u>MEDI-DOSE INC</u>		<input type="checkbox"/> Contingent	
<u>LOCK BOX 427</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<u>JAMISON PA 18929-0427</u>		Basis for the claim:	
		<u>Supplies - Medical</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>1 1 8 1</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Supplies - Medical			

3.239	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$250,112.21</u>
<u>Medline Industries, Inc.</u>		<input type="checkbox"/> Contingent	
<u>Dept. 1080</u>		<input type="checkbox"/> Unliquidated	
<u>PO Box 121080</u>		<input type="checkbox"/> Disputed	
<u>Dallas TX 75312</u>		Basis for the claim:	
		<u>Medical Supplies</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u> </u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

3.240	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$444.90</u>
<u>MEDSERVICE REPAIR INC</u>		<input type="checkbox"/> Contingent	
<u>300 CENTER DR</u>		<input type="checkbox"/> Unliquidated	
<u>SUITE 104</u>		<input type="checkbox"/> Disputed	
<u>VERNON HILLS IL 60061</u>		Basis for the claim:	
		<u>Supplies- Medical</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>3 8 2 0</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Supplies- Medical			

Part 2:

Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.241	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$123,494.94
	Medtronic Xomed	<input type="checkbox"/> Contingent	
	PO Box 848086	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Dallas TX 75284	Basis for the claim:	
		Cath Lab Medical Supplies	
	Date or dates debt was incurred	Is the claim subject to offset?	
	Last 4 digits of account number	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
3.242	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$581,896.00
	Medygate, Inc.	<input type="checkbox"/> Contingent	
	447 S. Robertson Blvd., #204	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Beverly Hills CA 90211	Basis for the claim:	
		Bio-Medical Services	
	Date or dates debt was incurred	Is the claim subject to offset?	
	Last 4 digits of account number	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
3.243	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$747.25
	MEMORIAL HOSPITAL-GIFT SHOP	<input type="checkbox"/> Contingent	
	1204 MOUND ST	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	NACOGDOCHES TX 75961	Basis for the claim:	
		Employee Benefits	
	Date or dates debt was incurred	Is the claim subject to offset?	
	Last 4 digits of account number	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
	Employee Benefits		
3.244	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,844.04
	MERCURY MEDICAL	<input type="checkbox"/> Contingent	
	PO BOX 17009	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	CLEARWATER FL 33762-0009	Basis for the claim:	
	Date or dates debt was incurred	Is the claim subject to offset?	
	Last 4 digits of account number	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Part 2:

Additional Page

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Amount of claim

3.245	Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$5,407.80
	MERIT MEDICAL SYSTEM INC		<input type="checkbox"/> Contingent	
	PO BOX 204842		<input type="checkbox"/> Unliquidated	
			<input type="checkbox"/> Disputed	
	DALLAS TX 75320-4842		Basis for the claim: Supplies - Medical	
	Date or dates debt was incurred		Is the claim subject to offset?	
	Last 4 digits of account number 1 3 8 9		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Supplies - Medical			

3.246	Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$14,123.34
	MID SOUTH CHEMICAL		<input type="checkbox"/> Contingent	
	PO BOX 116		<input type="checkbox"/> Unliquidated	
			<input type="checkbox"/> Disputed	
	RINGGOLD LA 71068-0116		Basis for the claim: Repairs & Maintenance	
	Date or dates debt was incurred		Is the claim subject to offset?	
	Last 4 digits of account number 1 3 9 4		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Repairs & Maintenance			

3.247	Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$920.13
	MID SOUTH TILE COMPANY		<input type="checkbox"/> Contingent	
	3977 W STATE HWY 7		<input type="checkbox"/> Unliquidated	
			<input type="checkbox"/> Disputed	
	NACOGDOCHES TX 75964		Basis for the claim: Repairs & Maintenance	
	Date or dates debt was incurred		Is the claim subject to offset?	
	Last 4 digits of account number 3 6 2 3		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Repairs & Maintenance			

3.248	Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,312.39
	MOORE SUPPLY COMPANY		<input type="checkbox"/> Contingent	
	PO BOX 951949		<input type="checkbox"/> Unliquidated	
			<input type="checkbox"/> Disputed	
	DALLAS TX 75395-1949		Basis for the claim: Repairs & Maintenance	
	Date or dates debt was incurred		Is the claim subject to offset?	
	Last 4 digits of account number 1 0 5 1		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Repairs & Maintenance			

Part 2:
Additional Page

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Amount of claim

3.249

Nonpriority creditor's name and mailing address

MSDSOONLINE INC

DBA VELOCITY EHS

27185 NETWORK PLACE

CHICAGOIL60673

Date or dates debt was incurred

Last 4 digits of account number5260

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Basis for the claim:

Facilities- Reports

Is the claim subject to offset?

☒ No

☐ Yes

\$5,997.32

Facilities- Reports

3.250

Nonpriority creditor's name and mailing address

MUTAL SPRINKLERS

PO BOX 74008409

CHICAGOIL60674-8409

Date or dates debt was incurred

Last 4 digits of account number4903

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Basis for the claim:

Repairs & Maintenance/ Inspection

Is the claim subject to offset?

☒ No

☐ Yes

\$8,220.00

Repairs & Maintenance/ Inspection

3.251

Nonpriority creditor's name and mailing address

MXR IMAGING- INC

4909 MURPHY CANYON RD

STE 120

SAN DIEGOCAL92123

Date or dates debt was incurred

Last 4 digits of account number2328

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Basis for the claim:

Supplies- Medical

Is the claim subject to offset?

☒ No

☐ Yes

\$8,319.01

Supplies- Medical

3.252

Nonpriority creditor's name and mailing address

NAC COUNTY CHAMBER OF COMMERCE

2516 NORTH STREET

NACOGDOCHESTX75965

Date or dates debt was incurred

Last 4 digits of account number1414

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Basis for the claim:

Licenses & Dues

Is the claim subject to offset?

☒ No

☐ Yes

\$6,000.00

Licenses & Dues

Part 2: Additional Page

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Amount of claim

3.253	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$500.00</u>
<u>NAC SAFE SPACE</u>		<input type="checkbox"/> Contingent	
<u>3111 MELWOOD CIRCLE</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
<u>NACOGDOCHES TX 75964</u>		<u>Marketing</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>6 1 1 2</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
<u>Marketing</u>			

3.254	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$0.00</u>
<u>Nacogdoches County Hospital District</u>		<input type="checkbox"/> Contingent	
<u>Attention: Administrator</u>		<input type="checkbox"/> Unliquidated	
<u>1204 North Mound Street</u>		<input type="checkbox"/> Disputed	
		Basis for the claim:	
<u>Nacogdoches TX 75961</u>		<u>Lease</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

3.255	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$3,937.50</u>
<u>NACOGDOCHES ECONOMIC DEVEL</u>		<input type="checkbox"/> Contingent	
<u>PO BOX 635030</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
<u>NACOGDOCHES TX 75963-5030</u>		<u>Licenses & Dues</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>5 1 6 4</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
<u>Licenses & Dues</u>			

3.256	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$12,250.00</u>
<u>Nacogdoches Gastroenterology</u>		<input type="checkbox"/> Contingent	
<u>522 Russell Blvd</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
<u>Nacogdoches TX 75965</u>		<u>Services</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Part 2:
Additional Page

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Amount of claim

3.257

Nonpriority creditor's name and mailing address

Nacogdoches Nephrology, PA

522 Russell Blvd

Nacogdoches TX 75961

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Services

Is the claim subject to offset?

☒ No
☐ Yes

\$9,400.00

3.258

Nonpriority creditor's name and mailing address

Nacogdoches Pulmonary & Sleep

5500 North Street

Nacogdoches TX 75965

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Services

Is the claim subject to offset?

☒ No
☐ Yes

\$62,200.00

3.259

Nonpriority creditor's name and mailing address

Nacogdoches Sheet Metal, Plumbing & AC

PO BOX 631277

NACOGDOCHES TX 75963

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Repairs & Maintenance

Is the claim subject to offset?

☒ No
☐ Yes

\$75.00

Repairs & Maintenance

3.260

Nonpriority creditor's name and mailing address

NALCOM WIRELESS COMMUNICATIONS

1023 N MOUND ST

NACOGDOCHES TX 75961

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Utilities

Is the claim subject to offset?

☒ No
☐ Yes

\$7,144.50

Utilities

Part 2:
Additional Page

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Amount of claim

3.261

Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Supplies - Medical

Date or dates debt was incurred

Last 4 digits of account number

DALLAS

TX

75220

5

7

7

1

\$1,121.58

Supplies - Medical

3.262

Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Marketing

Date or dates debt was incurred

Last 4 digits of account number

NISD EDUCATION FOUNDATION

4632 NE STALLINGS DR

6

0

2

1

\$3,500.00

Marketing

3.263

Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Radiology Software

Date or dates debt was incurred

Last 4 digits of account number

NOVARAD CORP

PO BOX 859

3

4

7

3

\$48,462.10

Radiology Software

3.264

Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Supplies-Radioactive materials

Date or dates debt was incurred

Last 4 digits of account number

NUTECH INC

1301 CLINIC DRIVE

1

0

6

9

\$29,716.78

Supplies-Radioactive materials

Part 2: Additional Page

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Amount of claim

3.265	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$5,105.46</u>
<u>OAK FARMS DAIRY</u>		<input type="checkbox"/> Contingent	
<u>SUIZA DALLAS</u>		<input type="checkbox"/> Unliquidated	
<u>P O BOX 676010</u>		<input type="checkbox"/> Disputed	
<u>DALLAS TX 75267-6010</u>		Basis for the claim: <u>Dietary - Food Supplies</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>1 1 9 9</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Dietary - Food Supplies			

3.266	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$3,939.00</u>
<u>OFFICE FURNITURE WAREHOUSE</u>		<input type="checkbox"/> Contingent	
<u>602 N BONNER ST</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<u>LUFKIN TX 75904</u>		Basis for the claim: <u>Office Supplies</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>1 2 8 3</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Office Supplies			

3.267	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$4,400.00</u>
<u>Olin Fearing, MD</u>		<input type="checkbox"/> Contingent	
<u>4628 N. University Dr.</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<u>Nacogdoches TX 75961</u>		Basis for the claim: <u>Services</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u> </u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

3.268	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$3,660.39</u>
<u>OLYMPUS AMERICA INC (LAB)</u>		<input type="checkbox"/> Contingent	
<u>48 WOERD AVENUE</u>		<input type="checkbox"/> Unliquidated	
<u>SUITE 105</u>		<input type="checkbox"/> Disputed	
<u>WALTHAM MA 02453</u>		Basis for the claim: <u>Supplies - Medical</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>5 8 8 3</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Supplies - Medical			

Part 2: Additional Page

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Amount of claim

3.269	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$77,555.41</u>
	OMNICELL INC	<input type="checkbox"/> Contingent	
	PO BOX 204650	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
	DALLAS TX 75320-4650	Supplies - Medical	
	Date or dates debt was incurred	Is the claim subject to offset?	
	Last 4 digits of account number <u>5</u> <u>0</u> <u>1</u> <u>4</u>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
	Supplies - Medical		

3.270	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$8,210.00</u>
	OMNILERT LLC	<input type="checkbox"/> Contingent	
	PO BOX 178570	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
	SAN DIEGO CA 92177	Software	
	Date or dates debt was incurred	Is the claim subject to offset?	
	Last 4 digits of account number <u>6</u> <u>0</u> <u>8</u> <u>2</u>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
	Software		

3.271	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$31,309.00</u>
	OPTUM EXECUTIVE HEALTH RES	<input type="checkbox"/> Contingent	
	PO BOX 84019	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
	CHICAGO IL 60689	Case Management Software	
	Date or dates debt was incurred	Is the claim subject to offset?	
	Last 4 digits of account number <u>5</u> <u>1</u> <u>3</u> <u>0</u>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
	Case Management Software		

3.272	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$22.10</u>
	OPTUS INC	<input type="checkbox"/> Contingent	
	3423 ONE PLACE	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
	JONESBORO AR 72404	Supplies	
	Date or dates debt was incurred	Is the claim subject to offset?	
	Last 4 digits of account number <u>5</u> <u>1</u> <u>0</u> <u>7</u>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
	Supplies		

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Amount of claim

3.273	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$3,261.00</u>
<u>ORASURE TECHNOLOGIES INC</u>		<input type="checkbox"/> Contingent	
<u>PO BOX 780518</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<u>PHILADELPHIA PA 19178-0518</u>		Basis for the claim:	
		<u>Supplies-Medical</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>4 5 9 8</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
<u>Supplies-Medical</u>			

3.274	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$5,674.64</u>
<u>ORKIN OF THE PINES</u>		<input type="checkbox"/> Contingent	
<u>DBA ORKIN OF THE PINES</u>		<input type="checkbox"/> Unliquidated	
<u>12649 SH 30</u>		<input type="checkbox"/> Disputed	
<u>COLLEGE STATION TX 77045</u>		Basis for the claim:	
		<u>Exterminating</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>4 7 6 7</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
<u>Exterminating</u>			

3.275	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$42,380.00</u>
<u>OUTSET MEDICAL INC</u>		<input type="checkbox"/> Contingent	
<u>3052 ORCHARD DRIVE</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<u>SAN JOSE CA 95134</u>		Basis for the claim:	
		<u>Supplies - Medical</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>6 0 3 8</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
<u>Supplies - Medical</u>			

3.276	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$8,961.00</u>
<u>PARAGARD DIRECT</u>		<input type="checkbox"/> Contingent	
<u>12601 COLLECTION CENTER DRIVE</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<u>CHICAGO IL 60693</u>		Basis for the claim:	
		<u>Supplies - Medical</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>5 2 0 9</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
<u>Supplies - Medical</u>			

Part 2: Additional Page

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Amount of claim

3.277	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$10,082.78</u>
<u>PARTS TOWN LLC</u>		<input type="checkbox"/> Contingent	
<u>27787 NETWORK PLACE</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<u>CHICAGO</u> <u>IL</u> <u>60673</u>		Basis for the claim:	
		<u>Repairs & Maintenance</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>5</u> <u>7</u> <u>8</u> <u>3</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Repairs & Maintenance			

3.278	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$35,849.73</u>
<u>PARTSOURCE LLC</u>		<input type="checkbox"/> Contingent	
<u>PO BOX 645186</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<u>CINCINNATI</u> <u>OH</u> <u>45264</u>		Basis for the claim:	
		<u>Repairs & Maintenance</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>3</u> <u>1</u> <u>3</u> <u>3</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Repairs & Maintenance			

3.279	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$550.00</u>
<u>PATIENT TELEPHONE SUPPLY LLC</u>		<input type="checkbox"/> Contingent	
<u>PO BOX 84372</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<u>BATON ROUGE</u> <u>LA</u> <u>70884</u>		Basis for the claim:	
		<u>Repairs & Maintenance</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>5</u> <u>2</u> <u>4</u> <u>8</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Repairs & Maintenance			

3.280	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$0.00</u>
<u>Patton Brothers</u>		<input type="checkbox"/> Contingent	
<u>Attn: Florence Patton</u>		<input type="checkbox"/> Unliquidated	
<u>412 Bostwick St.</u>		<input type="checkbox"/> Disputed	
<u>Nacogdoches</u> <u>TX</u> <u>75965</u>		Basis for the claim:	
		<u>Lease</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Part 2: Additional Page

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Amount of claim

3.281 Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$13,747.75</u>
<u>PC CONNECTIONS SALES CORP</u>	<input type="checkbox"/> Contingent	
<u>PO BOX 536472</u>	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
	Basis for the claim:	
<u>PITTSBURGH</u> <u>PA</u> <u>15253</u>	<u>Information Systems - Equipment</u>	
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number <u>4</u> <u>6</u> <u>2</u> <u>4</u>	<input checked="" type="checkbox"/> No	
Information Systems - Equipment	<input type="checkbox"/> Yes	

3.282 Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$373.57</u>
<u>PERFORMANCE HEALTH (PATTERSON)</u>	<input type="checkbox"/> Contingent	
<u>PO BOX 93040</u>	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
	Basis for the claim:	
<u>CHICAGO</u> <u>IL</u> <u>60673</u>	<u>Employee Education</u>	
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number <u>1</u> <u>5</u> <u>1</u> <u>5</u>	<input checked="" type="checkbox"/> No	
Employee Education	<input type="checkbox"/> Yes	

3.283 Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$1,643.11</u>
<u>PEVCO SYSTEMS INTERNATIONAL INC</u>	<input type="checkbox"/> Contingent	
<u>1401 TANGIER DRIVE</u>	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
	Basis for the claim:	
<u>BALTIMORE</u> <u>MD</u> <u>21220</u>	<u>Supplies - Medical</u>	
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number <u>2</u> <u>0</u> <u>3</u> <u>0</u>	<input checked="" type="checkbox"/> No	
Supplies - Medical	<input type="checkbox"/> Yes	

3.284 Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$1,802.52</u>
<u>PFIZER INC</u>	<input type="checkbox"/> Contingent	
<u>PO BOX 417510</u>	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
	Basis for the claim:	
<u>BOSTON</u> <u>MA</u> <u>02241-7510</u>	<u>Supplies - Medical</u>	
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number <u>2</u> <u>0</u> <u>8</u> <u>3</u>	<input checked="" type="checkbox"/> No	
Supplies - Medical	<input type="checkbox"/> Yes	

Part 2: Additional Page

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Amount of claim

3.285 Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$1,140.00</u>
<u>PG EXTRAORDINARIES LLC</u>	<input type="checkbox"/> Contingent	
<u>15584 SW THRUSH LN</u>	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
	Basis for the claim:	
<u>BEAVERTON</u> <u>OR</u> <u>97007</u>	<u>Consulting Services</u>	
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number <u>6</u> <u>0</u> <u>3</u> <u>9</u>	<input checked="" type="checkbox"/> No	
Consulting Services	<input type="checkbox"/> Yes	

3.286 Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$5,632.26</u>
<u>PHYSICIAN SELECT MANAGEMENT</u>	<input type="checkbox"/> Contingent	
<u>318 N CARSON ST. SUITE 214</u>	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
	Basis for the claim:	
<u>CARSON CITY</u> <u>NV</u> <u>89701</u>	<u>NMPG- Software</u>	
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number <u>5</u> <u>9</u> <u>1</u> <u>1</u>	<input checked="" type="checkbox"/> No	
NMPG- Software	<input type="checkbox"/> Yes	

3.287 Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$6,116.25</u>
<u>PHYSICIANS TRUST AKA URO HEALTH</u>	<input type="checkbox"/> Contingent	
<u>PO BOX 776953</u>	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
	Basis for the claim:	
<u>CHICAGO</u> <u>IL</u> <u>60677</u>	<u>NMPG- Software</u>	
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number <u>5</u> <u>3</u> <u>4</u> <u>2</u>	<input checked="" type="checkbox"/> No	
NMPG- Software	<input type="checkbox"/> Yes	

3.288 Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$400.00</u>
<u>PIONEER RX</u>	<input type="checkbox"/> Contingent	
<u>PO BOX 53407</u>	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
	Basis for the claim:	
<u>SHREVEPORT</u> <u>LA</u> <u>71135</u>	<u>Supplies - Medical</u>	
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number <u>2</u> <u>0</u> <u>7</u> <u>0</u>	<input checked="" type="checkbox"/> No	
Supplies - Medical	<input type="checkbox"/> Yes	

Part 2: Additional Page

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Amount of claim

3.289	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$2,432.18</u>
<u>PITNEY BOWES GLOBAL FINANCIAL SVS LLC</u>		<input type="checkbox"/> Contingent	
<u>PO BOX 371887</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<u>PITTSBURGH PA 15250</u>		Basis for the claim:	
		<u>Postage & Shipping</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>2 5 1 2</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Postage & Shipping			

3.290	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$6,486.75</u>
<u>PRECISION DYNAMICS CORP</u>		<input type="checkbox"/> Contingent	
<u>PO BOX 71549</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<u>CHICAGO IL 60694</u>		Basis for the claim:	
		<u>Supplies - Medical</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>1 4 7 1</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Supplies - Medical			

3.291	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$3,139.25</u>
<u>PREFERRED MEDICAL SYSTEM LLC</u>		<input type="checkbox"/> Contingent	
<u>1921 APPLING ROAD</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<u>CORDOVA TN 38016</u>		Basis for the claim:	
		<u>Equipment Rent/Lease</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>5 9 4 2</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Equipment Rent/Lease			

3.292	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$34,611.09</u>
<u>PREMIER HEALTHCARE SOLUTIONS</u>		<input type="checkbox"/> Contingent	
<u>5882 COLLECTIONS CENTER</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<u>CHICAGO IL 60693</u>		Basis for the claim:	
		<u>Software- Mindy</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>2 3 8 4</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Software- Mindy			

Part 2: Additional Page

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Amount of claim

3.293	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$76,383.23</u>
<u>PREMIER SOFTWARE ASSOC INC</u>		<input type="checkbox"/> Contingent	
<u>997 WEST 950 NORTH</u>		<input type="checkbox"/> Unliquidated	
<u>SUITE 200</u>		<input type="checkbox"/> Disputed	
<u>CENTERVILLE</u> <u>UT</u> <u>84014</u>		Basis for the claim:	
		<u>Software-Mindy</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>2</u> <u>5</u> <u>5</u> <u>2</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Software-Mindy			

3.294	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$94.00</u>
<u>PRODIGY HEALTH SUPPLIER CORP</u>		<input type="checkbox"/> Contingent	
<u>PO BOX 679826</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<u>DALLAS</u> <u>TX</u> <u>75267</u>		Basis for the claim:	
		<u>Pharmaceuticals</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>5</u> <u>2</u> <u>4</u> <u>4</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Pharmaceuticals			

3.295	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$43,086.52</u>
<u>PROPATH LABORATORY</u>		<input type="checkbox"/> Contingent	
<u>PO BOX 678175</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<u>DALLAS</u> <u>TX</u> <u>75267-8175</u>		Basis for the claim:	
		<u>Services- Path Lab</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>1</u> <u>4</u> <u>8</u> <u>0</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Services- Path Lab			

3.296	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$21,850.00</u>
<u>PULSARA</u>		<input type="checkbox"/> Contingent	
<u>2880 TECHNOLOGY BLVD WEST</u>		<input type="checkbox"/> Unliquidated	
<u>SUITE 183</u>		<input type="checkbox"/> Disputed	
<u>BOZEMAN</u> <u>MT</u> <u>59718</u>		Basis for the claim:	
		<u>Services-Facilities</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>5</u> <u>2</u> <u>8</u> <u>1</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Services-Facilities			

Part 2: Additional Page

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Amount of claim

3.297	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$19,552.65</u>
<u>PURCHASE POWER (PITNEY BOWES)</u>		<input type="checkbox"/> Contingent	
<u>PO BOX 981026</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<u>BOSTON</u> <u>MA</u> <u>02298-1026</u>		Basis for the claim: <u>Postage & Shipping</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>1</u> <u>4</u> <u>8</u> <u>1</u>		<input checked="" type="checkbox"/> No	
Postage & Shipping		<input type="checkbox"/> Yes	

3.298	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$1,728.25</u>
<u>PURVIS BEARING SERVICE</u>		<input type="checkbox"/> Contingent	
<u>PO BOX 540757</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<u>DALLAS</u> <u>TX</u> <u>75354</u>		Basis for the claim: <u>Repairs & Maintenance</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>1</u> <u>9</u> <u>1</u> <u>1</u>		<input checked="" type="checkbox"/> No	
Repairs & Maintenance		<input type="checkbox"/> Yes	

3.299	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$2,620.78</u>
<u>QIAGEN NORTH AMERICAN HOLDINGS</u>		<input type="checkbox"/> Contingent	
<u>19300 GERMANTOWN ROAD</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<u>GERMANTOWN</u> <u>MD</u> <u>20874</u>		Basis for the claim: <u>Supplies- Medical</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>5</u> <u>9</u> <u>5</u> <u>5</u>		<input checked="" type="checkbox"/> No	
Supplies- Medical		<input type="checkbox"/> Yes	

3.300	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$6,029.98</u>
<u>QUADMED INC</u>		<input type="checkbox"/> Contingent	
<u>PO BOX 550773</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<u>JACKSONVILLE</u> <u>FL</u> <u>32255</u>		Basis for the claim: <u>Supplies - Medical</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>5</u> <u>6</u> <u>7</u> <u>0</u>		<input checked="" type="checkbox"/> No	
Supplies - Medical		<input type="checkbox"/> Yes	

Part 2: Additional Page

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Amount of claim

3.301	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$56,379.55</u>
<u>QUEST DIAGNOSTICS NMH & CPU</u>		<input type="checkbox"/> Contingent	
<u>PO BOX 677960</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
<u>DALLAS TX 75267</u>		<u>Lab Services</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>1 0 3 8</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Lab Services			

3.302	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$3,189.68</u>
<u>QUEST DIAGNOSTICS OHRS DOT</u>		<input type="checkbox"/> Contingent	
<u>PO BOX 740709</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
<u>ATLANTA GA 30374</u>		<u>Lab Services</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>5 4 8 7</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Lab Services			

3.303	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$6,409.28</u>
<u>QUINTECH INC</u>		<input type="checkbox"/> Contingent	
<u>PO BOX 3488</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
<u>TUPLEO MS 38803</u>		<u>Repairs & Maintenance</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>5 0 6 5</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Repairs & Maintenance			

3.304	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$5,995.20</u>
<u>QuVa PHARMA INC</u>		<input type="checkbox"/> Contingent	
<u>PO BOX 120142</u>		<input type="checkbox"/> Unliquidated	
<u>DEPT 0142</u>		<input type="checkbox"/> Disputed	
		Basis for the claim:	
<u>DALLAS TX 75312</u>		<u>Pharmacy Services</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>5 2 9 3</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Pharmacy Services			

Part 2: Additional Page

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Amount of claim

3.305	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$5,200.00</u>
	<u>Rachel Head, MD</u>	<input type="checkbox"/> Contingent	
	<u>617 Russell Blvd</u>	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
	<u>Nacogdoches TX 75965</u>	<u>Services</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
	Last 4 digits of account number	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

3.306	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$40,175.76</u>
	<u>RADIOLOGY CONSULTANTS</u>	<input type="checkbox"/> Contingent	
	<u>PO BOX 632728</u>	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
	<u>NACOGDOCHES TX 75963</u>	<u>Physician Call / Directorships</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
	Last 4 digits of account number	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
	<u>Physician Call / Directorships</u>		

3.307	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$18,553.48</u>
	<u>RECORD SPACE</u>	<input type="checkbox"/> Contingent	
	<u>PO BOX 3539</u>	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
	<u>LUFKIN TX 75903</u>	<u>Records Storage</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
	Last 4 digits of account number	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
	<u>Records Storage</u>		

3.308	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$68,725.08</u>
	<u>REED, CLAYMON, MEEKER & HARGET</u>	<input type="checkbox"/> Contingent	
	<u>5608 PARKCREST DRIVE</u>	<input type="checkbox"/> Unliquidated	
	<u>SUITE 200</u>	<input type="checkbox"/> Disputed	
		Basis for the claim:	
	<u>AUSTIN TX 78731</u>	<u>Attorney</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
	Last 4 digits of account number	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
	<u>Attorney</u>		

Part 2:
Additional Page

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Amount of claim

3.309

Nonpriority creditor's name and mailing address

RELATIENT INC

PO BOX 778721

CHICAGO

IL

60677

Date or dates debt was incurred

Last 4 digits of account number

5693

NMPG- Services

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

NMPG- Services

Is the claim subject to offset?

☒ No
☐ Yes

\$201.96

3.310

Nonpriority creditor's name and mailing address

REMEL INC

PO BOX 96299

CHICAGO

IL

60693

Date or dates debt was incurred

Last 4 digits of account number

1432

Supplies- Medical

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Supplies- Medical

Is the claim subject to offset?

☒ No
☐ Yes

\$328.39

3.311

Nonpriority creditor's name and mailing address

RETAIL ACQUISITION & DEVELOPMENT, INC.

4301 121ST STREET

URBANDALE

IA

50323

Date or dates debt was incurred

Last 4 digits of account number

6065

Supplies- Medical

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Supplies- Medical

Is the claim subject to offset?

☒ No
☐ Yes

\$1,732.90

3.312

Nonpriority creditor's name and mailing address

Richard Baker, MD

1301 Raguet St.

Nacogdoches

TX

75965

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Services

Is the claim subject to offset?

☒ No
☐ Yes

Unknown

Part 2:
Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.313

Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:
Check all that apply.

\$47.50

RINGRX LLC

114 E HALEY STREET

SUITE L

SANTA BARBARA

CA

93101

Date or dates debt was incurred

Last 4 digits of account number

5

7

2

8

Phones

☐ Contingent

☐ Unliquidated

☐ Disputed

Basis for the claim:

Phones

Is the claim subject to offset?

☒ No

☐ Yes

3.314

Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:
Check all that apply.

\$487.70

RITTER LUMBER

PO BOX 1265

NEDERLAND

TX

77627

Date or dates debt was incurred

Last 4 digits of account number

5

5

3

8

Repairs & Maintenance

☐ Contingent

☐ Unliquidated

☐ Disputed

Basis for the claim:

Repairs & Maintenance

Is the claim subject to offset?

☒ No

☐ Yes

3.315

Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:
Check all that apply.

\$5,327.71

ROCHE DIAGNOSTICS CORP

PO BOX 660367

MAIL CODE 5021

DALLAS

TX

75266

Date or dates debt was incurred

Last 4 digits of account number

1

5

0

6

Supplies - Medical

☐ Contingent

☐ Unliquidated

☐ Disputed

Basis for the claim:

Supplies - Medical

Is the claim subject to offset?

☒ No

☐ Yes

3.316

Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:
Check all that apply.

\$1,396.67

RODZILLA GRAPHICS INC

807 South Street

NACOGDOCHES

TX

75965

Date or dates debt was incurred

Last 4 digits of account number

2

0

0

4

Marketing

☐ Contingent

☐ Unliquidated

☐ Disputed

Basis for the claim:

Marketing

Is the claim subject to offset?

☒ No

☐ Yes

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.317	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$2,350.00</u>
<u>SAGE SERVICES GROUP LLC</u>		<input type="checkbox"/> Contingent	
<u>506 DEANNA LANE</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<u>CHARLESTON SC 29492</u>		Basis for the claim:	
		<u>Repairs & maintenance</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>6 1 1 1</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Repairs & maintenance			

3.318	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$19,475.00</u>
<u>SALESFORCE, INC.</u>		<input type="checkbox"/> Contingent	
<u>415 MISSION STREET, 3RD FLOOR</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<u>SAN FRANCISCO CA 94105</u>		Basis for the claim:	
		<u>Marketing</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>6 0 8 5</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Marketing			

3.319	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>(\$6,150.94)</u>
<u>SANOFI PASTUER</u>		<input type="checkbox"/> Contingent	
<u>12458 COLLECTIONS CENTER DR</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<u>CHICAGO IL 60693</u>		Basis for the claim:	
		<u>Supplies- Medical</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>1 1 2 6</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Supplies- Medical			

3.320	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$357,110.54</u>
<u>SCC Soft Computer</u>		<input type="checkbox"/> Contingent	
<u>5400 Tech Data Dr.</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<u>Clearwater FL 33760</u>		Basis for the claim:	
		<u>Lab Software, Hardware Mtn. Interface</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u> </u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Part 2:
Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.321

Nonpriority creditor's name and mailing address

SCI Solutions

PO Box 735381

DallasTX75373

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Patient Scheduling Software

Is the claim subject to offset?

☒ No
☐ Yes

\$164,922.04

3.322

Nonpriority creditor's name and mailing address

SEA SPINE INC.

2302 LA MIRAND DR.

VISTACA92081

Date or dates debt was incurred

Last 4 digits of account number

4197

Supplies - Medical

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Supplies - Medical

Is the claim subject to offset?

☒ No
☐ Yes

\$28,271.00

3.323

Nonpriority creditor's name and mailing address

SECURITY SHREDDING

PO BOX 3539

LUFKINTX75903

Date or dates debt was incurred

Last 4 digits of account number

1524

Shredding Service

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Shredding Service

Is the claim subject to offset?

☒ No
☐ Yes

\$6,622.00

3.324

Nonpriority creditor's name and mailing address

SENTACT LLC

2500 W HIGGINS ROAD

SUITE 150

HOFFMAN ESTATESIL60169

Date or dates debt was incurred

Last 4 digits of account number

6095

Compliance Software

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Compliance Software

Is the claim subject to offset?

☒ No
☐ Yes

\$6,000.00

Part 2: Additional Page

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Amount of claim

3.325 Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$50,360.24</u>
<u>SENTINEL TECHNOLOGIES INC</u>	<input type="checkbox"/> Contingent	
<u>2550 WARRENVILLE ROAD</u>	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
	Basis for the claim:	
<u>DOWNERS GROVE</u> <u>IL</u> <u>60515</u>	<u>Equipment Rent/Lease</u>	
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number <u>5</u> <u>9</u> <u>9</u> <u>6</u>	<input checked="" type="checkbox"/> No	
Equipment Rent/Lease	<input type="checkbox"/> Yes	

3.326 Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$2,180.50</u>
<u>SHARON C TOUCHETTE</u>	<input type="checkbox"/> Contingent	
<u>7169 COUNTY ROAD 302</u>	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
	Basis for the claim:	
<u>NACOGDOCHES</u> <u>TX</u> <u>75961</u>		
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number <u>2</u> <u>9</u> <u>7</u> <u>3</u>	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	

3.327 Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$1,294.23</u>
<u>SHERWIN WILLIAMS</u>	<input type="checkbox"/> Contingent	
<u>2715 NORTH STREET</u>	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
	Basis for the claim:	
<u>NACOGDOCHES</u> <u>TX</u> <u>75961</u>	<u>Repairs & Maintenance</u>	
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number <u>1</u> <u>5</u> <u>2</u> <u>8</u>	<input checked="" type="checkbox"/> No	
Repairs & Maintenance	<input type="checkbox"/> Yes	

3.328 Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$76,499.62</u>
<u>SIEMENS MEDICAL SOLUTIONS USA</u>	<input type="checkbox"/> Contingent	
<u>PO BOX 121102</u>	<input type="checkbox"/> Unliquidated	
<u>DEPT 0733</u>	<input type="checkbox"/> Disputed	
	Basis for the claim:	
<u>DALLAS</u> <u>TX</u> <u>75312-1102</u>	<u>Supplies- Medical</u>	
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number <u>1</u> <u>5</u> <u>3</u> <u>1</u>	<input checked="" type="checkbox"/> No	
Supplies- Medical	<input type="checkbox"/> Yes	

Part 2:
Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.329

Nonpriority creditor's name and mailing address

SMITH & NEPHEW INC

PO BOX 842935

DALLAS TX 75284-2935

Date or dates debt was incurred

Last 4 digits of account number 1 2 5 9

Supplies - Medical

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Supplies - Medical

Is the claim subject to offset?

☒ No
☐ Yes

\$29,446.63

3.330

Nonpriority creditor's name and mailing address

SMITH & NEPHEW ORTHAPEDICS

PO BOX 951605

DALLAS TX 75395-1605

Date or dates debt was incurred

Last 4 digits of account number 3 6 2 5

Supplies - Medical

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Supplies - Medical

Is the claim subject to offset?

☒ No
☐ Yes

\$33,185.05

3.331

Nonpriority creditor's name and mailing address

SMITH MEDICAL ASD INC

PO BOX 7247-7784

PHILADELPHIA PA 19170-7784

Date or dates debt was incurred

Last 4 digits of account number 1 2 4 4

Supplies- Medical

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Supplies- Medical

Is the claim subject to offset?

☒ No
☐ Yes

\$2,978.55

3.332

Nonpriority creditor's name and mailing address

SOLAR SUPPLY INC

1212 12TH STREET

LAKE CHARLES LA 70601-6376

Date or dates debt was incurred

Last 4 digits of account number 1 4 3 6

Repairs & Maintenance

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Repairs & Maintenance

Is the claim subject to offset?

☒ No
☐ Yes

\$136.79

Part 2: Additional Page

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Amount of claim

3.333 Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$1,948.50</u>
<u>SOLUTIONZ VIDEOCONFERENCING</u>	<input type="checkbox"/> Contingent	
<u>901 BRINGHAM AVENUE</u>	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
	Basis for the claim:	
<u>LOS ANGELES</u> <u>CA</u> <u>90049</u>	<u>Software</u>	
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number <u>5</u> <u>9</u> <u>8</u> <u>1</u>	<input checked="" type="checkbox"/> No	
Software	<input type="checkbox"/> Yes	

3.334 Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$14,259.82</u>
<u>SOMA TECH INTL INC</u>	<input type="checkbox"/> Contingent	
<u>166 HIGHLAND PARK DRIVE</u>	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
	Basis for the claim:	
<u>BLOOMFIELD</u> <u>CT</u> <u>06002</u>	<u>Equipment Rent/Lease</u>	
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number <u>5</u> <u>9</u> <u>6</u> <u>3</u>	<input checked="" type="checkbox"/> No	
Equipment Rent/Lease	<input type="checkbox"/> Yes	

3.335 Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$1,880.00</u>
<u>SOUTH FLORIDA UTILIZATION REVIEW</u>	<input type="checkbox"/> Contingent	
<u>860 JOHNSON FERRY RD</u>	<input type="checkbox"/> Unliquidated	
<u>NE #140-390</u>	<input type="checkbox"/> Disputed	
	Basis for the claim:	
<u>ATLANTA</u> <u>GA</u> <u>30342</u>	<u>Licensing & Fees</u>	
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number <u>6</u> <u>0</u> <u>6</u> <u>3</u>	<input checked="" type="checkbox"/> No	
Licensing & Fees	<input type="checkbox"/> Yes	

3.336 Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$1,700.00</u>
<u>SOUTHERN NEURO SPECIALTY LLC</u>	<input type="checkbox"/> Contingent	
<u>PO BOX 459</u>	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
	Basis for the claim:	
<u>PRAIRIEVILLE</u> <u>LA</u> <u>70769</u>	<u>Supplies - Medical</u>	
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number <u>5</u> <u>9</u> <u>3</u> <u>8</u>	<input checked="" type="checkbox"/> No	
Supplies - Medical	<input type="checkbox"/> Yes	

Part 2: Additional Page

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Amount of claim

3.337	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$19,250.00</u>
<u>SOUTHWEST LITHO II LLC</u>		<input type="checkbox"/> Contingent	
<u>9010 STRADA STELL CT</u>		<input type="checkbox"/> Unliquidated	
<u>SUITE 103</u>		<input type="checkbox"/> Disputed	
<u>NAPLES</u> <u>FL</u> <u>34109</u>		Basis for the claim:	
		<u>Supplies - Medical</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>5</u> <u>4</u> <u>0</u> <u>4</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Supplies - Medical			

3.338	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$759.74</u>
<u>SPARTAN TOOL LLC</u>		<input type="checkbox"/> Contingent	
<u>25582 NETWORK PLACE</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<u>CHICAGO</u> <u>IL</u> <u>60673-1255</u>		Basis for the claim:	
		<u>Repairs & Maintenance</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>3</u> <u>6</u> <u>1</u> <u>0</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Repairs & Maintenance			

3.339	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$216.67</u>
<u>SPIVEY ANGELA</u>		<input type="checkbox"/> Contingent	
<u>27704 FM 95 S</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<u>GARRISON</u> <u>TX</u> <u>75946</u>		Basis for the claim:	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>4</u> <u>8</u> <u>6</u> <u>9</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

3.340	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>Unknown</u>
<u>SQN Asset Income Fund V, LP</u>		<input type="checkbox"/> Contingent	
<u>100 Arboretum Drive, Suite 105,</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<u>Portsmouth</u> <u>NH</u> <u>03801</u>		Basis for the claim:	
		<u>Equipment Lease</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Part 2: Additional Page

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Amount of claim

3.341	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$15,169.61</u>
<u>STACY SEAN FOWLER</u>		<input type="checkbox"/> Contingent	
<u>24 CAYMAN COURT</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<u>MANHATTAN BEACH CA 90266</u>		Basis for the claim:	
		<u>Employee - Expense Reimb</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>5 8 7 3</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
<u>Employee - Expense Reimb</u>			

3.342	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$2,711.54</u>
<u>STACY SEAN FOWLER</u>		<input type="checkbox"/> Contingent	
<u>24 CAYMAN COURT</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<u>MANHATTAN BEACH CA 90266</u>		Basis for the claim:	
		<u>Wages etc.</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u> </u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

3.343	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$25,728.37</u>
<u>STAPLES BUSINESS LINK</u>		<input type="checkbox"/> Contingent	
<u>PO BOX 660409</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<u>DALLAS TX 75266-0409</u>		Basis for the claim:	
		<u>Supplies</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>4 4 9 0</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
<u>Supplies</u>			

3.344	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$1,426.88</u>
<u>STATLAB MEDICAL PRODUCTS</u>		<input type="checkbox"/> Contingent	
<u>PO BOX 678056</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<u>DALLAS TX 75267-8056</u>		Basis for the claim:	
		<u>Supplies - Medical</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>1 5 5 6</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
<u>Supplies - Medical</u>			

Part 2:
Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.345

Nonpriority creditor's name and mailing address

STEPHEN F. AUSTIN STATE UNIV

PO BOX 13053

NACOGDOCHES TX 75962

Date or dates debt was incurred

Last 4 digits of account number 2 8 3 2

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Events

Is the claim subject to offset?

☒ No
☐ Yes

\$250.00

Events

3.346

Nonpriority creditor's name and mailing address

Stericycle, Inc.

PO Box 6575

Carol Stream IL 60197

Date or dates debt was incurred

Last 4 digits of account number _ _ _ _

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Medical Waste

Is the claim subject to offset?

☒ No
☐ Yes

\$120,379.80

3.347

Nonpriority creditor's name and mailing address

STERLING TALENT SOLUTIONS

PO BOX 35626

NEWARK NJ 07193-5626

Date or dates debt was incurred

Last 4 digits of account number 5 4 2 2

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Background Checks

Is the claim subject to offset?

☒ No
☐ Yes

\$991.61

Background Checks

3.348

Nonpriority creditor's name and mailing address

STREAMLINE TAX SOLUTIONS LP

8751 COLLIN MCKINNEY PKWY

SUITE 102

MCKINNEY TX 75070

Date or dates debt was incurred

Last 4 digits of account number 6 0 1 0

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Consulting Services

Is the claim subject to offset?

☒ No
☐ Yes

\$92.50

Consulting Services

Part 2: Additional Page

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Amount of claim

3.349	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$2,511.38</u>
<u>STRYKER ENDOSCOPY</u>		<input type="checkbox"/> Contingent	
<u>PO BOX 93276</u>		<input type="checkbox"/> Unliquidated	
<u>C/O STRYKER SALES CORPORATION</u>		<input type="checkbox"/> Disputed	
<u>CHICAGO</u> <u>IL</u> <u>60673-3308</u>		Basis for the claim:	
		<u>Supplies - Medical</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>1</u> <u>5</u> <u>6</u> <u>2</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Supplies - Medical			

3.350	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$39,460.92</u>
<u>STRYKER MEDICAL</u>		<input type="checkbox"/> Contingent	
<u>PO BOX 93308</u>		<input type="checkbox"/> Unliquidated	
<u>C/O STRYKER SALES CORPORATION</u>		<input type="checkbox"/> Disputed	
<u>CHICAGO</u> <u>IL</u> <u>60673-3308</u>		Basis for the claim:	
		<u>Supplies - Medical</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>2</u> <u>1</u> <u>4</u> <u>3</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Supplies - Medical			

3.351	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$82,387.78</u>
<u>STRYKER SALES LLC</u>		<input type="checkbox"/> Contingent	
<u>21343 NETWORK PLACE</u>		<input type="checkbox"/> Unliquidated	
<u>C/O STRYKER SALES CORPORATION</u>		<input type="checkbox"/> Disputed	
<u>CHICAGO</u> <u>IL</u> <u>60673-1213</u>		Basis for the claim:	
		<u>Supplies - Medical</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>1</u> <u>9</u> <u>9</u> <u>9</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Supplies - Medical			

3.352	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$1,598.73</u>
<u>SUDDENLINK AKA OPTIMUM</u>		<input type="checkbox"/> Contingent	
<u>PO BOX 70340</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<u>PHILADELPHIA</u> <u>PA</u> <u>19176-0340</u>		Basis for the claim:	
		<u>Utilities</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>3</u> <u>9</u> <u>9</u> <u>9</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Utilities			

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.353</div> Nonpriority creditor's name and mailing address <u>SUMMIT FIRE & SECURITY LLC</u> <u>PO BOX 6783</u> <u>CAROL STREAM</u> <u>IL</u> <u>60197-6783</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>5</u> <u>9</u> <u>9</u> <u>1</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Repairs & Maintenance/ Inspection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$5,908.52</u>
Repairs & Maintenance/ Inspection		

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.354</div> Nonpriority creditor's name and mailing address <u>SUPERIOR KITCHEN SERVICES LLC</u> <u>1439 CARROLL RD</u> <u>LUFKIN</u> <u>TX</u> <u>75901</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>1</u> <u>6</u> <u>6</u> <u>3</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Dietary - Food Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,200.00</u>
Dietary - Food Supplies		

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.355</div> Nonpriority creditor's name and mailing address <u>SUTTER MEDICAL TECHNOLOGIES</u> <u>120 INTERSTATE N PKWY</u> <u>ATLANTA</u> <u>GA</u> <u>30339</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>5</u> <u>9</u> <u>3</u> <u>7</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Supplies- Medical</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,710.35</u>
Supplies- Medical		

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.356</div> Nonpriority creditor's name and mailing address <u>SWORD COMPANY INC</u> <u>PO BOX 6365</u> <u>TYLER</u> <u>TX</u> <u>75711</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>2</u> <u>1</u> <u>2</u> <u>6</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Repairs & Maintenance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$810.59</u>
Repairs & Maintenance		

Part 2: Additional Page

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Amount of claim

3.357	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$19,238.83</u>
<u>SYMMETRY ENERGY SOLUTIONS</u>		<input type="checkbox"/> Contingent	
<u>9811 KATY FREEWAY</u>		<input type="checkbox"/> Unliquidated	
<u>SUITE 140</u>		<input type="checkbox"/> Disputed	
<u>HOUSTON TX 77024</u>		Basis for the claim:	
Date or dates debt was incurred		<u>Utilities</u>	
Last 4 digits of account number <u>6 0 5 4</u>		Is the claim subject to offset?	
Utilities		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

3.358	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$45.00</u>
<u>T Waggner</u>		<input type="checkbox"/> Contingent	
<u>(Employee address on record)</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
Date or dates debt was incurred		<u>Employee expenses reimbursement</u>	
Last 4 digits of account number <u> — — — — </u>		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

3.359	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$2,598.77</u>
<u>TACY MEDICAL INC</u>		<input type="checkbox"/> Contingent	
<u>PO BOX 15807</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<u>FERNANDIAN BEACH FL 32034</u>		Basis for the claim:	
Date or dates debt was incurred		<u>Supplies - Medical</u>	
Last 4 digits of account number <u>5 5 1 7</u>		Is the claim subject to offset?	
Supplies - Medical		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

3.360	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$50,806.63</u>
<u>TELADOC HEALTH, INC</u>		<input type="checkbox"/> Contingent	
<u>DEPT 3417, PO BOX 123417</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<u>DALLAS TX 75312</u>		Basis for the claim:	
Date or dates debt was incurred		<u>Supplies - Medical</u>	
Last 4 digits of account number <u>6 0 8 0</u>		Is the claim subject to offset?	
Supplies - Medical		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Part 2: Additional Page

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Amount of claim

3.361 Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$3,901.52</u>
<u>TELE-ONE COMM</u>	<input type="checkbox"/> Contingent	
<u>5620 OLD BULLARD RD</u>	<input type="checkbox"/> Unliquidated	
<u>SUITE 109</u>	<input type="checkbox"/> Disputed	
	Basis for the claim:	
<u>TYLER TX 75703-4358</u>	<u>Utilities</u>	
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number <u>1 5 7 4</u>	<input checked="" type="checkbox"/> No	
Utilities	<input type="checkbox"/> Yes	

3.362 Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$14,566.96</u>
<u>TELEFLEX LLC</u>	<input type="checkbox"/> Contingent	
<u>PO BOX 936729</u>	<input type="checkbox"/> Unliquidated	
<u>C/O TELEFLEX FUNDING, LLC</u>	<input type="checkbox"/> Disputed	
	Basis for the claim:	
<u>ATLANTA GA 31193-6729</u>	<u>Utilities</u>	
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number <u>1 6 3 4</u>	<input checked="" type="checkbox"/> No	
Utilities	<input type="checkbox"/> Yes	

3.363 Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$1,795.14</u>
<u>TELPLEX COMMUNICATIONS</u>	<input type="checkbox"/> Contingent	
<u>16830 VENTURA BLVD</u>	<input type="checkbox"/> Unliquidated	
<u>SUITE 350</u>	<input type="checkbox"/> Disputed	
	Basis for the claim:	
<u>ENCINO CA 91436</u>	<u>Utilities</u>	
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number <u>5 4 7 6</u>	<input checked="" type="checkbox"/> No	
Utilities	<input type="checkbox"/> Yes	

3.364 Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$13,893.86</u>
<u>TENET HEALTHCARE LTD</u>	<input type="checkbox"/> Contingent	
<u>FILE # 849788</u>	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
	Basis for the claim:	
<u>DALLAS TX 75284-9788</u>	<u>Charity Deductions</u>	
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number <u>1 4 1 2</u>	<input checked="" type="checkbox"/> No	
Charity Deductions	<input type="checkbox"/> Yes	

Part 2: Additional Page

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Amount of claim

<div>3.365</div> <div>Nonpriority creditor's name and mailing address</div> <div>TENNANT COMPANY</div> <div>PO BOX 71414</div> <div>CHICAGO IL 60694-1414</div> <div>Date or dates debt was incurred</div> <div>Last 4 digits of account number 4 7 1 6</div> <div>Repairs & Maintenance</div>	<div>As of the petition filing date, the claim is:</div> <div>Check all that apply.</div> <div><input type="checkbox"/> Contingent</div> <div><input type="checkbox"/> Unliquidated</div> <div><input type="checkbox"/> Disputed</div> <div>Basis for the claim:</div> <div>Repairs & Maintenance</div> <div>Is the claim subject to offset?</div> <div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes</div>	<div>\$2,405.40</div>
<div>3.366</div> <div>Nonpriority creditor's name and mailing address</div> <div>TERUMO MEDICAL CORP</div> <div>PO BOX 281402</div> <div>ATLANTA GA 30384-1402</div> <div>Date or dates debt was incurred</div> <div>Last 4 digits of account number 3 9 9 1</div> <div>Supplies - Medical</div>	<div>As of the petition filing date, the claim is:</div> <div>Check all that apply.</div> <div><input type="checkbox"/> Contingent</div> <div><input type="checkbox"/> Unliquidated</div> <div><input type="checkbox"/> Disputed</div> <div>Basis for the claim:</div> <div>Supplies - Medical</div> <div>Is the claim subject to offset?</div> <div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes</div>	<div>\$12,417.00</div>
<div>3.367</div> <div>Nonpriority creditor's name and mailing address</div> <div>TEX CAL INVENTORY SERVICE INC</div> <div>PO BOX 6194</div> <div>KATY TX 77491</div> <div>Date or dates debt was incurred</div> <div>Last 4 digits of account number 5 4 1 1</div> <div>Supplies - Medical</div>	<div>As of the petition filing date, the claim is:</div> <div>Check all that apply.</div> <div><input type="checkbox"/> Contingent</div> <div><input type="checkbox"/> Unliquidated</div> <div><input type="checkbox"/> Disputed</div> <div>Basis for the claim:</div> <div>Supplies - Medical</div> <div>Is the claim subject to offset?</div> <div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes</div>	<div>\$1,900.00</div>
<div>3.368</div> <div>Nonpriority creditor's name and mailing address</div> <div>TEXAS AIRSYSTEMS,LLC</div> <div>6029 W.CAMPUS CIRCLE DR.</div> <div>STE 100</div> <div>IRVING TX 75063</div> <div>Date or dates debt was incurred</div> <div>Last 4 digits of account number 5 9 8 6</div> <div>Supplies- Facilities</div>	<div>As of the petition filing date, the claim is:</div> <div>Check all that apply.</div> <div><input type="checkbox"/> Contingent</div> <div><input type="checkbox"/> Unliquidated</div> <div><input type="checkbox"/> Disputed</div> <div>Basis for the claim:</div> <div>Supplies- Facilities</div> <div>Is the claim subject to offset?</div> <div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes</div>	<div>\$4,906.00</div>

Part 2: Additional Page

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Amount of claim

3.369	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$13,000.00</u>
<u>TEXAS EMS,TRAUMA & ACUTE FOUND</u>		<input type="checkbox"/> Contingent	
<u>3400 ENFIELD ROAD</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<u>AUSTIN TX 78703</u>		Basis for the claim:	
		<u>Licenses & Dues</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>1 8 0 7</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Licenses & Dues			

3.370	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$10,911.00</u>
<u>TEXAS HOSPITAL ASSOC</u>		<input type="checkbox"/> Contingent	
<u>PO BOX 95353</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<u>GRAPEVINE TX 76099-9733</u>		Basis for the claim:	
		<u>Licenses & Dues</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>1 9 2 8</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Licenses & Dues			

3.371	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$39,348.78</u>
<u>TEXAS MUTUAL INS COMPANY</u>		<input type="checkbox"/> Contingent	
<u>PO BOX 841843</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<u>DALLAS TX 75284-1843</u>		Basis for the claim:	
		<u>Employee Benefits</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>1 5 4 8</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Employee Benefits			

3.372	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$100.00</u>
<u>TEXAS WOMAN'S UNIVERSITY</u>		<input type="checkbox"/> Contingent	
<u>304 ADMINISTRATION DRIVE</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<u>DENTON TX 76204</u>		Basis for the claim:	
		<u>Employee Recruitment</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>6 1 2 1</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Employee Recruitment			

Part 2: Additional Page

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Amount of claim

3.373 Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$22,750.00</u>
<u>THE INLINE GROUP LLC</u>	<input type="checkbox"/> Contingent	
<u>1826 LAKEWAY DRIVE</u>	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
	Basis for the claim:	
<u>LEWISVILLE TX 75057</u>	<u>Software</u>	
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number <u>6 0 2 9</u>	<input checked="" type="checkbox"/> No	
Software	<input type="checkbox"/> Yes	

3.374 Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$2,414.80</u>
<u>THERMO FISHER FINANCIAL SVC</u>	<input type="checkbox"/> Contingent	
<u>PO BOX 41602</u>	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
	Basis for the claim:	
<u>PHILADELPHIA PA 19101-1602</u>	<u>Supplies - Medical</u>	
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number <u>5 6 7 1</u>	<input checked="" type="checkbox"/> No	
Supplies - Medical	<input type="checkbox"/> Yes	

3.375 Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$14,981.25</u>
<u>TIGERCONNECT INC</u>	<input type="checkbox"/> Contingent	
<u>2110 BROADWAY</u>	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
	Basis for the claim:	
<u>SANTA MONICA CA 90404</u>	<u>Software</u>	
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number <u>5 7 6 8</u>	<input checked="" type="checkbox"/> No	
Software	<input type="checkbox"/> Yes	

3.376 Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$809.15</u>
<u>TRANSCRIPTION GEAR INC</u>	<input type="checkbox"/> Contingent	
<u>7280 AUBURN ROAD</u>	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
	Basis for the claim:	
<u>CONCORD OH 44077</u>	<u>Services- Hart</u>	
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number <u>5 9 6 7</u>	<input checked="" type="checkbox"/> No	
Services- Hart	<input type="checkbox"/> Yes	

Part 2: Additional Page

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Amount of claim

3.377 Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$1,500.11</u>
<u>TRI-ANIM HEALTH SVC INC</u>	<input type="checkbox"/> Contingent	
<u>25197 NETWORK PLACE</u>	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
	Basis for the claim:	
<u>CHICAGO</u> <u>IL</u> <u>60673</u>	<u>Supplies - Medical</u>	
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number <u>1</u> <u>5</u> <u>9</u> <u>7</u>	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
Supplies - Medical		

3.378 Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$2,253.20</u>
<u>TRI-PHARMA INC</u>	<input type="checkbox"/> Contingent	
<u>975 COBB PLACE BLVD, STE 118</u>	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
	Basis for the claim:	
<u>KENNESAW</u> <u>GA</u> <u>30144</u>	<u>Supplies - Medical</u>	
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number <u>5</u> <u>7</u> <u>0</u> <u>2</u>	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
Supplies - Medical		

3.379 Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$715.16</u>
<u>TRICOR SYSTEMS INC</u>	<input type="checkbox"/> Contingent	
<u>1650 TODD FARM DRIVE</u>	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
	Basis for the claim:	
<u>ELGIN</u> <u>IL</u> <u>60123</u>	<u>Supplies - Medical</u>	
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number <u>5</u> <u>9</u> <u>8</u> <u>2</u>	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
Supplies - Medical		

3.380 Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$103,725.00</u>
<u>TRISOURCE LLC</u>	<input type="checkbox"/> Contingent	
<u>5465 LEGACY DR</u>	<input type="checkbox"/> Unliquidated	
<u>STE 650</u>	<input type="checkbox"/> Disputed	
	Basis for the claim:	
<u>PLANO</u> <u>TX</u> <u>75024</u>	<u>Consulting Services</u>	
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number <u>4</u> <u>9</u> <u>4</u> <u>4</u>	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
Consulting Services		

Part 2:
Additional Page

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Amount of claim

3.381

Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Clinical Staffing

TRS Managed Services, LLC

5001 Founders Way, Suite L10

Rogers

AR

72758

Date or dates debt was incurred

Last 4 digits of account number

\$2,831,127.74

3.382

Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Medical Testing

TSSI HOLDINGS INC

DEPT CH 17717

PALATINE

IL

60055-7717

Date or dates debt was incurred

Last 4 digits of account number

5

6

5

0

Medical Testing

\$5,556.25

3.383

Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Licenses & Dues

TX DEPT OF STATE HEALTH SERV - X-RAY

LOCKBOX-RADIOACTIVE MATERIAL

PO BOX 12190

AUSTIN

TX

78711-2190

Date or dates debt was incurred

Last 4 digits of account number

5

5

1

6

Licenses & Dues

\$1,972.00

3.384

Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Licenses & Dues

TX ORGANIZATION OF RURAL & COMM

3309 FOREST CREEK DR

UNIT 305

ROUND ROCK

TX

78664-6168

Date or dates debt was incurred

Last 4 digits of account number

0

1

7

0

Licenses & Dues

\$28,850.00

Part 2:
Additional Page

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Amount of claim

3.385

Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

TYPENEX MEDICAL LLC

303 E WACKER DR STE 1200

CHICAGO

IL

60601

Date or dates debt was incurred

Last 4 digits of account number

4699

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Supplies - Medical

Is the claim subject to offset?

☒ No
☐ Yes

\$1,263.19

Supplies - Medical

3.386

Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

U S POSTAL SERVICE

3007 N UNIVERSITY DR

NACOGDOCHES

TX

75961

Date or dates debt was incurred

Last 4 digits of account number

1619

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Postage & Shipping

Is the claim subject to offset?

☒ No
☐ Yes

\$822.00

Postage & Shipping

3.387

Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

ULINE

PO BOX 88741

CHICAGO

IL

60680-1741

Date or dates debt was incurred

Last 4 digits of account number

4486

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Supplies - Medical

Is the claim subject to offset?

☒ No
☐ Yes

\$252.74

Supplies - Medical

3.388

Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

UNITED OF OMAHA LIFE INSURANCE COMPANY

3300 MUTUAL OF OMAHA PLAZA

OMAHA

NE

68175

Date or dates debt was incurred

Last 4 digits of account number

3875

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Insurance

Is the claim subject to offset?

☒ No
☐ Yes

\$105,674.57

Insurance

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.389	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	<u>\$269.54</u>
<u>UNIVERSAL TIME EQUIPMENT</u>		<i>Check all that apply.</i>	
<u>PO BOX 7279</u>		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
<u>TYLER TX 75711</u>		<u>Regulatory-Repairs & Maintenance/Inspection</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number <u>2 5 7 2</u>		<input type="checkbox"/> Yes	
Regulatory-Repairs & Maintenance/Inspection			

3.390	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	<u>\$2,091.18</u>
<u>UNIVERSITY RENTAL</u>		<i>Check all that apply.</i>	
<u>510 E MAIN ST</u>		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
<u>NACOGDOCHES TX 75961</u>		<u>Marketing</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number <u>1 6 1 6</u>		<input type="checkbox"/> Yes	
Marketing			

3.391	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	<u>\$6,594.89</u>
<u>US ENDOSCOPY</u>		<i>Check all that apply.</i>	
<u>PO BOX 676548</u>		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
<u>DALLAS TX 75267-6548</u>		<u>Supplies- Medical</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number <u>1 0 7 0</u>		<input type="checkbox"/> Yes	
Supplies- Medical			

3.392	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	<u>\$3,268.64</u>
<u>US MED EQUIP LLC</u>		<i>Check all that apply.</i>	
<u>PO BOX 4339</u>		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
<u>HOUSTON TX 77210-4339</u>		<u>Supplies- Medical</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number <u>4 1 8 5</u>		<input type="checkbox"/> Yes	
Supplies- Medical			

Part 2:
Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.393

Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

UT HEALTH SAN ANTONIO

PO BOX 759

MEDICAL SERVICE R&D PLAN

SAN ANTONIO TX 78293-0759

Date or dates debt was incurred

Last 4 digits of account number 1 2 8 3

Physician Services

Basis for the claim:

Physician Services

Is the claim subject to offset?

☒ No
☐ Yes

\$1,893.12

3.394

Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

UTAH MEDICAL PRODUCTS INC

7043 SOUTH 300 WEST

MIDVALE UT 84047

Date or dates debt was incurred

Last 4 digits of account number 1 5 5 1

Supplies - Medical

Basis for the claim:

Supplies - Medical

Is the claim subject to offset?

☒ No
☐ Yes

\$2,211.67

3.395

Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

VASCULAR SOLUTIONS-TELEFLE

PO BOX 936729

ATLANTA GA 31193-6729

Date or dates debt was incurred

Last 4 digits of account number 1 6 2 5

Supplies - Medical

Basis for the claim:

Supplies - Medical

Is the claim subject to offset?

☒ No
☐ Yes

\$8,428.74

3.396

Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

VENDOR CREDENTIALING SERVICE LLC

315 CAPITOL STREET #100

HOUSTON TX 77002

Date or dates debt was incurred

Last 4 digits of account number 3 8 7 6

Software-Cindi

Basis for the claim:

Software-Cindi

Is the claim subject to offset?

☒ No
☐ Yes

\$65,734.03

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.397	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$795.64</u>
<u>VERATHON MEDICAL</u>		<input type="checkbox"/> Contingent	
<u>PO BOX 935117</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<u>ATLANTA</u> <u>GA</u> <u>31193-5117</u>		Basis for the claim:	
		<u>Supplies - Medical</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>2</u> <u>7</u> <u>8</u> <u>3</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Supplies - Medical			

3.398	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$2,400.00</u>
<u>Vivek Mangla, MD, PC</u>		<input type="checkbox"/> Contingent	
<u>710 Gaslight Blvd</u>		<input type="checkbox"/> Unliquidated	
<u>Suite A</u>		<input type="checkbox"/> Disputed	
<u>Lufkin</u> <u>TX</u> <u>75904</u>		Basis for the claim:	
		<u>Services</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

3.399	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$17,168.26</u>
<u>VOICEBROOK INC</u>		<input type="checkbox"/> Contingent	
<u>1983 MARCUS AVE SUITE 105</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<u>LAKE SUCCESS</u> <u>NY</u> <u>11042</u>		Basis for the claim:	
		<u>Services- Facilities</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>5</u> <u>8</u> <u>2</u> <u>4</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Services- Facilities			

3.400	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$74,270.80</u>
<u>VOLCANO CORP</u>		<input type="checkbox"/> Contingent	
<u>PO BOX 100355</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<u>ATLANTA</u> <u>GA</u> <u>30384</u>		Basis for the claim:	
		<u>Services- Candace</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number <u>1</u> <u>4</u> <u>5</u> <u>2</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Services- Candace			

Part 2:
Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.401

Nonpriority creditor's name and mailing address

VYAIRE MEDICAL INC

29429 NETWORK PLACE

CHICAGO

IL

60673-1294

Date or dates debt was incurred

Last 4 digits of account number

1075

Supplies- Medical

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Supplies- Medical

Is the claim subject to offset?

☒ No
☐ Yes

\$193.79

3.402

Nonpriority creditor's name and mailing address

W L GORE & ASSOCIATES

PO BOX 751331

MEDICAL PRODUCTS DIVISION

CHARLOTTE

NC

28275

Date or dates debt was incurred

Last 4 digits of account number

2046

Supplies- Medical

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Supplies- Medical

Is the claim subject to offset?

☒ No
☐ Yes

\$8,146.00

3.403

Nonpriority creditor's name and mailing address

WALLER LANSDEN DORTH & DAV

511 UNION STREET STE 2700

NASHVILLE

TN

37219

Date or dates debt was incurred

Last 4 digits of account number

1900

Legal

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Legal

Is the claim subject to offset?

☒ No
☐ Yes

\$2,830.50

3.404

Nonpriority creditor's name and mailing address

WENZEL SPINE, INC

1130 RUTHERFORD LANE

SUITE 200

AUSTIN

TX

78753

Date or dates debt was incurred

Last 4 digits of account number

5901

Supplies - Medical

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Supplies - Medical

Is the claim subject to offset?

☒ No
☐ Yes

\$27,500.00

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.405 Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$46,576.83</u>
<u>WERFEN USA LLC</u>	<input type="checkbox"/> Contingent	
<u>PO BOX 347934</u>	<input type="checkbox"/> Unliquidated	
<u>PITTSBURGH, PA 15251-493</u>	<input type="checkbox"/> Disputed	
	Basis for the claim:	
	<u>Supplies - Medical</u>	
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number <u>1 2 9 0</u>	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
Supplies - Medical		

3.406 Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$5,248.00</u>
<u>William Hairston, DO</u>	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
	Basis for the claim:	
	<u>Services</u>	
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	

3.407 Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$6,582.92</u>
<u>WINDER'S SALES & SVC</u>	<input type="checkbox"/> Contingent	
<u>PO BOX 635141</u>	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
	Basis for the claim:	
<u>NACOGDOCHES TX 75963</u>	<u>Supplies- Facilities</u>	
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number <u>1 6 4 3</u>	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
Supplies- Facilities		

3.408 Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$154.13</u>
<u>WINDSTREAM</u>	<input type="checkbox"/> Contingent	
<u>PO BOX 9001908</u>	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
	Basis for the claim:	
<u>LOUISVILLE KY 40290</u>	<u>Utilities</u>	
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number <u>4 0 0 1</u>	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
Utilities		

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.409 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$196,129.24
Check all that apply.

Wipfli, LLP

- ☐ Contingent
☐ Unliquidated
☐ Disputed

PO Box 3160

Basis for the claim:

Former Proj. Mgr. for Electronic Health Record

Milwaukee WI 53201

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number

3.410 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$42,341.11
Check all that apply.

XEROX CORPORATION

- ☐ Contingent
☐ Unliquidated
☐ Disputed

PO BOX 802555

Basis for the claim:

Equipment Rent/Lease

CHICAGO IL 60680-2555

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number 1 2 4 1

Equipment Rent/Lease

3.411 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$22,565.70
Check all that apply.

XTANT MEDICAL, INC

- ☐ Contingent
☐ Unliquidated
☐ Disputed

DEPT CH 16872

Basis for the claim:

Supplies - Medical

PALATINE IL 60055-6872

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number 5 7 0 1

Supplies - Medical

3.412 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$162,945.48
Check all that apply.

Young's Professional Svc

- ☐ Contingent
☐ Unliquidated
☐ Disputed

200 Greenleaves Blvd., Suite 5

Basis for the claim:

Anesthesia Services

Mandeville LA 70448

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.413 Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$13,750.00</u>
<u>ZAVATION, LLC</u>	<input type="checkbox"/> Contingent	
<u>220 LAKELAND PKWY</u>	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
	Basis for the claim:	
<u>FLOWOOD</u> <u>MS</u> <u>39232</u>	<u>Supplies - Medical</u>	
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number <u>5</u> <u>7</u> <u>8</u> <u>2</u>	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
Supplies - Medical		

3.414 Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$3,239.92</u>
<u>ZEPTOMETRIX LLC</u>	<input type="checkbox"/> Contingent	
<u>14957 COLLECTION CENTER DRIVE</u>	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
	Basis for the claim:	
<u>CHICAGO</u> <u>IL</u> <u>60693-0149</u>	<u>Supplies - Medical</u>	
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number <u>5</u> <u>7</u> <u>5</u> <u>0</u>	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
Supplies - Medical		

3.415 Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$47,769.60</u>
<u>ZIMMER</u>	<input type="checkbox"/> Contingent	
<u>PO BOX 840166</u>	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
	Basis for the claim:	
<u>DALLAS</u> <u>TX</u> <u>75284-0166</u>	<u>Supplies - Medical</u>	
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number <u>1</u> <u>0</u> <u>4</u> <u>1</u>	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
Supplies - Medical		

3.416 Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$2,490.77</u>
<u>ZIRMED INC</u>	<input type="checkbox"/> Contingent	
<u>1311 SOLUTIONS CENTER</u>	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
	Basis for the claim:	
<u>CHICAGO</u> <u>IL</u> <u>60677-1311</u>	<u>Billing Software</u>	
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number <u>5</u> <u>7</u> <u>9</u> <u>5</u>	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
Billing Software		

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.417 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$13,710.69

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

ZOLL MEDICA

PO BOX 27028

Basis for the claim:

NEW YORK NY 10087-7028

Supplies - Medical

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number 4 3 1 4

- ☒ No
☐ Yes

Supplies - Medical

Part 4:

Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

		Total of claim amounts
5a. Total claims from Part 1	5a.	\$0.00
5b. Total claims from Part 2	5b. +	\$12,823,320.86
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.	\$12,823,320.86

Fill in this information to identify the case:

Debtor name Lion Star Nacogdoches Hospital, LLC

United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS

Case number 23-43535-mxm11 Chapter 11
(if known)

☐ Check if this is an amended filing

Official Form 206G**Schedule G: Executory Contracts and Unexpired Leases****12/15**

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

- ☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1	State what the contract or lease is for and the nature of the debtor's interest	See attached Addendum 4	See attached Addendum 4
	State the term remaining		
	List the contract number of any government contract		

Addendum 4

SCHEDULE G ATTACHMENT

Executory Contracts and Unexpired Leases

Counter-Party Name	Description of Contract or Lease	Address
3DR Labs, LLC	Purchased Services Agreement	1941 BISHOP LANE SUITE 807, LOUISVILLE, KY 40218
3M	Master Software and Services Agreement - Amendment - July 2023	PO BOX 120881, DALLAS, TX 75312-0881
Abbott	Accu Chek Glucometers June 30, 2023	PO BOX 92679, CHICAGO, IL 60675-2679
Abbott	Comprehensive Service Plan Agreement - iSTATE 1 Analyzer - August 8, 2023	PO BOX 92679, CHICAGO, IL 60675-2679
Abbott	Service Plan Agreement - i STAT Analyzer - August 8, 2023	PO BOX 92679, CHICAGO, IL 60675-2679
Abbott	i-STAT comprehensive service plan agreement	PO BOX 92679, CHICAGO, IL 60675-2679
Abbott Rapid	Distributor Purchase Agreement - November 4, 2022	PO BOX 92679, CHICAGO, IL 60675-2679
Abbott Rapid	License Agreement - June 30, 2023	PO BOX 92679, CHICAGO, IL 60675-2679
Abbott Rapid Diagnostics Informatics, Inc.	Roche Glucose License Agreement - June 30, 2023	PO BOX 92679, CHICAGO, IL 60675-2679
Abbott Vascular	Inventory Stocking Agreement - October 6, 2022	PO BOX 92679, CHICAGO, IL 60675-2679
Abiomed, Inc.	Service Agreement	PO BOX 6214, BOSTON, MA 02212-6214
ACL OP500	Service Agreement - March 12, 2023	180 HARTWELL ROAD BEDFORD MA 01730
Administrative Fiduciary Services Inc.	Contract - 401-K Plan - December 9, 2022	10777 NORTHWEST FREEWAY STE450, HOUSTON, TX 77092
Advanced Medical Resources, LLC	Agreement	PO BOX 731969, DALLAS, TX 75373
Aetna	Payor Agreement	PO BOX 91507 ARLINGTON TX 76015
Ahammed Hashim, MD	Medical Director Cerner Community Works - March 7, 2023	1209 N MOUND ST NACOGDOCHES TX 75961
Allegiance Mobile Health	Transfer Agreement - March 1, 2022	1702 N LEXINGTON BLVD CORPUS CHRISTI TX 78409
American College of Radiology	NDR Agreement - July 13, 2015	1891 PRESTON WHITE DRIVE, RESTON, VA 20191-4397 US
American Heart Association	Agreement for participation in association - January 4, 2023	7272 GREENVILLE AVENUE DALLAS TX 75231
American Medical Foundation	Peer Review Retention Agreement - September 10, 2015	75 REMITTANCE DR STE 1413, CHICAGO, IL 60675-1413
Amerigroup Thru Multiplan TX True Choice Network	Agreement for Insurance Payor	PO BOX 62947 VIRGINIA BEACH VA 23466-2947
Amy Huggins, MD	On Call Agreement - August 1, 2023	3614 N UNIVERSITY DR, NACOGDOCHES, TX 75965
Andrew Hurst, MD	Orthopedic Call Coverage - August 1, 2023	3616 N UNIVERSITY DRIVE, NACOGDOCHES, TX 75965
Angelina Surgical Associates	General Surgery Call Agreement - January 1, 2023	302 MEDICAL PARK DRIVE STE 101 LUFKIN TX 75904
APEX Revenue Recovery Inc	Liability Agreement - April 1, 2020	ATTN: WENDY BAZA1230 VENUS ST, CEDAR HILL, TX 75104
Applied Statistics and Management, Inc	Subscription and Service Agreement- May 13, 2023	PO BOX 2738, TEMECULA, CA 92593-2738
Ascend	Services Agreement - October 15, 2022	P O BOX 45021, SAN FRANCISCO, CA 94145
Barkocy, Gary	DO Call Agreement	409 RUSSELL BLVD A NACOGDOCHES TX 75965
BCBS	Institution Agreement - February 1, 2023	ATTN: 6506151501 N PLANO RD, STE 100, RICHARDSON, TX 75081
BCBS	Administrative Services Agreement - July 1, 2022	ATTN: 6506151501 N PLANO RD, STE 100, RICHARDSON, TX 75081
BCBS	Payor Agreement	ATTN: 6506151501 N PLANO RD, STE 100, RICHARDSON, TX 75081
BCBS TriWest	Agreement for Insurance Payor	ATTN: 6506151501 N PLANO RD, STE 100, RICHARDSON, TX 75081
BD Alaris	Software Management Services - November 19, 2022	25565 NETWORK PLACE CHICAGO IL 60673-1255
Beckman Coulter	DXS Service Agreement - November 2, 2022	DEPT CH 10164, PALATINE, IL 60055-0164
Beckman Coulter	Purchase Service Agreement - June 28, 2017	DEPT CH 10164, PALATINE, IL 60055-0164
Beckman Coulter	Allegra X30 - Centrifuge Service Agreement - June 29, 2023	DEPT CH 10164, PALATINE, IL 60055-0164
Beckman Coulter	Life Sciences Service Agreement for Allegra X22	DEPT CH 10164, PALATINE, IL 60055-0164
Benjamin Thompson, MD	OBGYN Call Agreement - July 29, 2019	4800 NE STALLINGS DR STE 106, NACOGDOCHES, TX 75965
BHS Physicians Network, Inc	General Surgery On-Call Service Agreement - June 13, 2023	203 E MAIN ST, NACOGDOCHES, TX 75965
BHS Physicians Network, Inc	Orthopedic Surgery On-Call Service Agreement - February 15, 2022	203 E MAIN ST, NACOGDOCHES, TX 75965
BHS Physicians Network, Inc.	Cardiology On-Call Services Agreement - March 4, 2022	203 E MAIN ST, NACOGDOCHES, TX 75965
Binusha Moitheennazima, M.D.	Pulmonology On Call Agreement - October 29, 2019	1209 N MOUND ST NACOGDOCHES TX 75961
BioMerieux	BioFire Extended Warranty - June 26, 2023	PO BOX 500308, ST LOUIS, MO 63150-0308
Biomerieux	Service Agreement BacT ALERT 3D System - December 15 2023	PO BOX 500308, ST LOUIS, MO 63150-0308
Biomerieux	Service Agreement Quote - Full Service Plan - November 7, 2022 to November 6, 2023	PO BOX 500308, ST LOUIS, MO 63150-0308
BioMerieux	Service Agreement Quote - September 26, 2022	PO BOX 500308, ST LOUIS, MO 63150-0308
Biomerieux	Service Agreement VITEK 2 Compact - December 15, 2023	PO BOX 500308, ST LOUIS, MO 63150-0308
BioTronik	Exhibit B - April 25, 2022	PO BOX 205421, DALLAS, TX 75320-5421
BioTronik	Exhibit B - September 12, 2022	PO BOX 205421, DALLAS, TX 75320-5421

SCHEDULE G ATTACHMENT
Executory Contracts and Unexpired Leases

Counter-Party Name	Description of Contract or Lease	Address
BKD	Accountant Scope of Services - May 25, 2022	510 N VALLEY MILLSSTE 200, WACO,TX 76710
Block Imaging	3D Tomo Digital Mammography Service Agreement	1845 CEDAR STREET, HOLT,MI 48842
Brain Drake, MD	Maternal Medical Director - September 15, 2022	1018 NORTH MOUND ST., STE. 205, NACOGDOCHES,TX 75965
Brain Drake, MD	OBGYN On Call Agreement - June 10, 2022	1018 NORTH MOUND ST., STE. 205, NACOGDOCHES,TX 75965
Brenda Bowman Motes	3604 Lawson Parkway Lease	105 GRANDVIEW BLVD, MONTGOMERY,TX 77356
Brian Glymph MD	OBGYN Call Agreement - July 1, 2020	4800 NORTHEAST STALLING DR., STE/ 106, NACOGDOCHES,TX 75965
Canon Medical Systems	Service Agreement - January 27, 2022	2441 Michelle Drive, Tustin,CA 92780
CAPS IV	Services Agreement - June 1, 2023	824 12th Avenue, Bethlehem,PA 18018 US
Capstone Personnel Services, Inc.	Agency Agreement - November 28, 2022	1415 TROUP HIGHWAY TYLER TX 75701
Cardinal Health	Vascular Product Consignment Agreement - November 30, 2022	DEPT CH 19348, PALATINE,IL 60055-9348
CareFusion	Master Agreement	25146 NETWORK PLACE, CHICAGO,IL 60673-1250
CCH Incorporated Wolters Kluwer	Master Agreement	2700 LAKE COOK ROAD RIVERWOODS IL 60015-3867
Centerpoint Energy	Electric Agreement	PO BOX 4981, HOUSTON,TX 77210-4981
CenterPoint Energy Gas	Gas Sales Agreement - August 06, 2019	PO BOX 4981, HOUSTON,TX 77210-4981
Cerner	Direct HISP - October 5, 2022	PO BOX 959156, ST LOUIS,MO 63195-9156
Change Healthcare - Interqual, Inc.	Click Through Purchase Agreement - October 2, 2023	424 CHURCH ST SUITE 1400 NASHVILLE TN 37219
Charles Page, MD	General Surgery Call Agreement - May 1, 2022	1320 N UNIVERSITY DR SUITE A, NACOGDOCHES,TX 76961
Christopher Ihionkhan, M.D.	NICU Supervision Agreement - February 27, 2022	818 N 4TH ST, LONGVIEW,TX 75601
Christus - Tyler & Longview	Patient Transfer Agreement - May 15, 2023	919 HIDDEN RIDGE DR., IRVING,TX 75038
Christus Good Shepherd & Mother Frances	Patient Transfer Agreement - May 15, 2023	919 HIDDEN RIDGE DRIVE, IRVING,TX 75038
Cigna HealthCare of Texas	Hospital Services Agreement - November 1, 2023	2800 N LOOP W SUITE 700 HOUSTON TX 77092
CIOX	Agreement for Service - May 21, 2015	PO BOX 409669, ATLANTA,GA 30384
Clifton Thomas MD	Locum Tenens General Surgery Coverage - April 27, 2022	5718 W WESTHEIMER, HOUSTON,TX 77056
Cloudmed Solutions, LLC	Automation Licensing Service Order - November 7, 2022	ATTN: ACCOUNTS RECEIVABLEPO BOX 208272, DALLAS,TX 75320-8272
Coffey Communications, Inc.	Agreement - February 15, 2023	1505 BUSINESS ONE CIRCLE, WALLA WALLA,WA 99362
Coffey Communications, Inc.	Time and Materials Agreement - August 15, 2022	1505 BUSINESS ONE CIRCLEWALLA WALLA,WA 99362
Common Cents Solutions	System Quotation & Agreement - 2023	6380 I-55 N STE 160, JACKSON,MS 39211
Common Spirit Health	June 20, 2023 - Patient Transfer Agreement	6624 FANNIN ST SUITE 1190 HOUSTON TX 77030
Communicare Technology, Inc. - Pulsara	Amendment to the Master Agreements - August 11, 2022	2880 TECHNOLOGY BLVD WEST SUITE 183, BOZEMAN,MT 59718
Comp Health	Retained Search Agreement - December 8, 2022	P.O. BOX 972651, DALLAS,TX 75397 US
CompHealth	OBGYN Search Agreement - November 23, 2022	P.O. BOX 972651, DALLAS,TX 75397 US
CompHealth	Contingency Search Agreement	P.O. BOX 972651, DALLAS,TX 75397 US
Complete Care	Service Agreement - May 10, 2016	PO BOX 23840 LITTLE ROCK AR 72221
Compliance Line, Inc.	Agreement - June 12, 2014	8615 CLIFF CAMERON DR STE 290, CHARLOTTE,NC 28269
Comprehensive Pharmacy Services	Agreement for pharmacy supplies/medication/services	6409 QUAIL HOLLOW RD, MEMPHIS,TN 38120
Conexus	Agreement for staffing agency - March 31, 2021	5001 W. FOUNDERS WAY, SUITE L10, ROGERS,AR 72758 US
Cooksey Marcin, PLLC	Engagement Agreement - November 17, 2022	25511 BUDDE ROAD, SUITE 2202, THE WOODLANDS,TX 77380 US
Core Sound Imaging, Inc	Service Agreement	5510 SIX FORKS RD STE 200, RALEIGH,NC 27609
Corpra Care Inc	Agreement - January 31, 2020	1011 HIGHWAY SIX SOUTH STE 309 HOUSTON TX 77077
Craig Sessions, MD	Professional Services Agreement - October 1, 2023	1018 N MOUND ST STE 206 NACOGDOCHES TX 75961
CSP Consulting	Grant Writing - September 2023	16 SAN JEWELL DRIVE, FARMINGTON,MO 63640
David Vinther, MD	Cecil Bomar Rehab Medical Director - August 1, 2022	409 RUSSELL BLVD STE D, NACOGDOCHES,TX 75965
Digicert Inc.	Agreement for IT services - March 15, 2023	PO BOX 840695, DALLAS,TX 75284-0695
Discovery Healthcare Consulting Group	Services Agreement October 19, 2021	1500 BROADWAY SUITE 100, LUBBOCK,TX 79401
Discovery Solutions, Inc.	ZixCorp Email Encryption - April 1, 2023	PO BOX 3036, FARMINGTON HILLS,MI 48333 US
Dolamu Sokunbi, MD	Nephrology On Call Agreement - September 1, 2021	522 RUSSELL BLVD, NACOGDOCHES,TX 75961
Ears & Hearing, P.A.	First Addendum to Hearing Screen Agreement - October 16, 2023	12319 N MOPAC EXP BLDG C 300, AUSTIN,TX 75758
Ears & Hearing, PA	Hearing Screen Agreement - October 1, 2019	12319 N MOPAC EXP BLDG C 300, AUSTIN,TX 75758
East Texas Community Health Services, Inc	Diagnostic Radiology Services	PO BOX 632040 NACOGDOCHES TX 75963-2040

SCHEDULE G ATTACHMENT
Executory Contracts and Unexpired Leases

Counter-Party Name	Description of Contract or Lease	Address
East Texas Nephrology Associates	Nephrology Call Agreement - September 1, 2021	PO BOX 150408, LUFKIN, TX 75915-0408
East Texas Nephrology Associates	Nephrology Medical Director - November 14, 2022	PO BOX 150408, LUFKIN, TX 75915-0408
eClinical Works	Software License and Support Upfront Agreement for Electronic Medical Records and Practice Management	PO BOX 847950, BOSTON, MA 02284-7950
EDF Energy Services, LLC	Electric Agreement	PO BOX 74007029, CHICAGO, IL 60674-7029
Elsevier Inc.	Master Agreement	PO BOX 9533, NEW YORK, NY 10087-9533
ERI Consulting	Asbestos Abatement - May 2023	PO BOX 2024 TYLER TX 75710
Ero Health	Business Associate Agreement - September 29, 2021	PO BOX 776953, CHICAGO, IL 60677
eSolutions, Inc.	Service Agreement - June 2, 2023	WS# 165PO BOX 414378, KANSAS CITY, KS 64141-4378
Esquisek, Inc.	Master Equipment and Software Rental Agreement - November 30, 2022	87A GRANGER BLVD MARLBOROUGH MA 01752
Express Employment	Staffing Agreement - May 25, 2023	210 C TIMBERLAND DR, LUFKIN, TX 75901
Ferrarraccio, Blaise MD	Neurology On Call Agreement - November 20, 2019	4848 NE STALLINGS DR., STE. 106, NACOGDOCHES, TX 75965
Finesse Microtome	Equipment Lease Agreement	1111 OLD EAGLE SCHOOL ROAD WAYNE PA 19087
Fisher Firm	General Immigration Engagement Letter - January 31, 2023	560 S 4TH STREET, SILSBEE, TX 77656 US
Forrest King	ACLS & PALS Training - October 21, 2021	1010 NORTHWOOD CIRCLE, NACOGDOCHES, TX 75965
ForTec Medical, Inc	Hearing Aides - March 7, 2023	6245 HUDSON CROSSING PARKWAY HUDSON OHIO 44236
Friendship Hearing, Inc.	Equipment Purchase Agreement - February 21, 2023	1520 E. DENMAN AVE, SUITE 103, LUFKIN, TX 75901 US
Galaxy	Agreement for Insurance Payor	631 106TH STREET ARLINGTON TX 76011
Galaxy Health Network	Insurance payor contract	631 106TH STREET ARLINGTON TX 76011
GE	Master Lease Agreement for Equipment Optima CT660 and Optima MR450w, Mobile Optima 220 X-Ray	PO BOX 641419, PITTSBURGH, PA 15264-1419
GE Capital	CT660 OPTIMA - Additional Contract Documents	PO BOX 641419, PITTSBURGH, PA 15264-1419
GE Government Finance, Inc.	Equipment Agreement	74 West Park Place, STAMFORD, CT 06901-0001
GE Healthcare	Cath Lab	PO BOX 641419, PITTSBURGH, PA 15264-1419
GE Healthcare Service	Cath Lab - August 8, 2022	PO BOX 641419, PITTSBURGH, PA 15264-1419
Gia Marotta, MD	Employment Agreement - January 15, 2023	PO BOX 631430, NACOGDOCHES, TX 75963 US
Gia Marotto, MD	ENT Call Agreement - February 1, 2023	PO BOX 631430, NACOGDOCHES, TX 75963 US
Green & Green, CPA Inc.	Management Letter - August 21, 2023	28382 CONSTELLATION RD., VALENCIA, CA 91355
Green and Spiegel	Representation Agreement - April 13, 2023	1524 DELANCEY ST., 4TH FLOOR, PHILADELPHIA, PA 19102 US
Gregory Tate MD	Maxillo Facial Call Agreement - July 1, 2020	508 RUSSELL BLVD, NACOGDOCHES, TX 75965
Gulf Coast Regional Blood Center	Master Agreement	PO BOX 301092, DALLAS, TX 75303-1092
Hashmet Wali & Associates	Agreement for renovations to the Pharmacy - March 1, 2023	8914 DAFFODIL STREET, HOUSTON, TX 77063 US
HCA Houston Healthcare Kingwood	Patient Transfer Agreement - December 20, 2021	22999 US HIGHWAY 59 KINGWOOD TX 77339
Head Start	Service Agreement- October 29, 2020	1902 OLD TYLER ROAD NACOGDOCHES TX 75961
Healthcare Transformation (HCT)	Interim Management Services - December 3, 2021	875 N MICHIGAN AVE STE 3100, CHICAGO, IL 60611
Healthcare Transformation Inc.	Termination - October 17, 2022	875 N MICHIGAN AVE STE 3100, CHICAGO, IL 60611
Healthsmart Preferred Care	Amendment - August 1, 2022	222 W LAS COLINAS BLVD SUITE 500N IRVING TX 75039
Heart Institute of East Texas	premises lease, 1004 N Mound St. - May 25, 2023	310 GASLIGHT BLVD LUDKIN TX 75904
Heart to Heart Hospice of the Lakes Area, LLC	Inpatient Hospice - May 9, 2023	7240 CHASE OAKS BLVD. PLANO TX 75025
Helping Hands	Client Contract Agreement - February 14, 2023	PO BOX 297, JASPER, TX 75951
Hill-Rom Company, Inc.	The Vest System Device Access Program Agreement - October 6, 2023	PO BOX 643592, PITTSBURGH, PA 15264-3592
Humana	Agreement for Insurance Payor	PO BOX 14601 LEXINGTON KY 40512-4601
Humana Tricare Prime	Agreement for Insurance Payor	PO BOX 69452 HARRISBURG PA 17106
IES Central Texas PLLC	Emergency Services Agreement - November 1, 2023	4835 LBJ FREEWAY SUITE 900 DALLAS TX 75244
IL Elite and IL Top500	Service Agreement	PO BOX 347934 PITTSBURGH PA 15251-4934
Imaging Physics, LLC	Memorandum of Understanding - July 1, 2020	227 SANDY SPRINGS PLACE STE D-300, SANDY SPRINGS, GA 30328
Inmar RX Solutions, Inc.	Compliance Solutions Services - March 20, 2023	ONE WEST FOURTH ST STE 500 WINSTON SALEM NC 27101
Integrity Recruiters, Inc.	Recruitment Agreement	5348 VEGAS DR #1073, LAS VEGAS, NV 891082347
Interface Security Systems, LLC	Commercial Security Services Agreement - August 13, 2014	8339 SOLUTIONS CENTER, CHICAGO, IL 60677-8003
Intuitive Surgical, Inc.	Service & Lease Agreement - September 28, 2022	DEPT. 336293440 Flair Drive, El Monte, CA 91731 US

SCHEDULE G ATTACHMENT
Executory Contracts and Unexpired Leases

Counter-Party Name	Description of Contract or Lease	Address
Ironside Human Resources	Recruitment Agreement	6060 N CENTRAL EXPY STE 690 DALLAS TX 75206
James M Randle	Professional Service Agreement	203 E MAIN ST, NACOGDOCHES, TX 75965
Jason Suits, MD	General Surgery On Call Agreement - BHS - June 13, 2023	1002 N. MOUND STREET, NACOGDOCHES, TX 75961
Jericho HR Group, LLC	Services Agreement - June 21, 2023	402 EAST 78 ST SUITE 11 NEW YORK NY 10075
Jonathan Polk, MD	General Surgery Call Agreement - August 12, 2022	4800 NE STALLINGS DR STE 114, NACOGDOCHES, TX 75965
Jones, Carl, D.O.	Nacogdoches Gastroenterology, PLLC - July 1, 2021	522 RUSSELL BLVD, NACOGDOCHES, TX 75965
Keith Fishbeck, DO	Professional Services Agreement - November 1, 2023	3816 N UNIVERSITY DRIVE, NACOGDOCHES, TX 75965
Kelly S. Parman	Independent Contractor Consulting Agreement - November 17, 2022	5929 MARILYN DRIVE, KNOXVILLE, TN 37914 US
Kepro, Inc	Agreement for Pharmacy Services - August 26, 2019	5700 LOMBARDO CENTER DRIVE SUITE 100 SEVEN GILLS OH 44131
Kim Schaus, MD	Coverage Agreement - July 14, 2021	1018 N Mound Street Suite 160, Nacogdoches, TX 75961
Kim Schaus, MD	OBGYN Call Agreement - October 1, 2021	1018 N Mound Street Suite 160, Nacogdoches, TX 75961
Krucial Rapid Response	Recruitment - December 2, 2022	10895 LOWELL AVENUE OVERLAND PARK KS 66210
Kyle McMorries, MD	On Call Agreement - August 1, 2023	4710 NE STALLINGS, NACOGDOCHES, TX 75965
Language Services Associates	Contract for language line/services	PO BOX 829752, PHILADELPHIA, PA 19182-9752
Language Services Line	Purchaser Specific Agreement - Sign Language Addition - November 1, 2021	PO BOX 829752, PHILADELPHIA, PA 19182-9752
Lase'R Ventures , Inc.	Service Agreement	PO BOX 95333, GRAPEVINE, TX 76099-9732
Legacy Hospice, LLC	Facility Inpatient Hospice Contract - May 30, 2017	1901 RICKETY LANE SUITE 103 TYLER TX 75703
Life Gift	Agreement re organ donations - January 3, 2023	2510 WESTRIDGE ST HOUSTON TX 77054
Life Safety Services	Agreement for Smoke & Fire door labeling - September 14, 2023	908 S 8TH STREET, SUITE 500, LOUISVILLE, KY 40203
Locum Tenens	Coverage Agreement with Staff Care, Inc	8840 CYPRESS WATERS BLVD SUITE 300 DALLAS TX 75019
Mangla, Vivek	Call Agreement	710 GASLIGHT BLVD STE A LUFKIN TX 75904
Margret Morgan	Consulting Services Agreement - June 1, 2021	4738 LA VILLA MARINA UNIT C, MARINA DEL RAY, CA 90292
Mark Robbins, MD	Timeshare Lease 1002 Mound Street	1040 S FLEISHEL AVE TYLER TX 75701
Mary Barnette, MD	Pediatric On Call - August 1, 2023	3614 N UNIVERSITY DR, NACOGDOCHES, TX 75965
MCG Health, LLC	Agreement for Quality Reporting	PO BOX 742350, ATLANTA, GA 30374-2350
MCN Healthcare	Policy Manager Agreement	501 S CHERRY ST #1100-106, DENVER, CO 80246
MD Save, Inc.	Facility Subscription Agreement - September 28, 2023	PO BOX 197596, NASHVILLE, TN 37219-7596
Med One	Equipment Lease Agreement - Alpinion X Cube 90 - September 30, 2022	LB 271128, PO BOX 35145, SEATTLE, WA 98124-5145
Med One	Equipment Lease Agreement TABLO - September 28, 2022	LB 271128, PO BOX 35145, SEATTLE, WA 98124-5145
Med One Capital Funding, LLC	Lease Agreement	LB 271128, PO BOX 35145, SEATTLE, WA 98124-5145
Medela LLC	Symphony Pump Placed Equipment Agreement	38789 EAGLE WAY, CHICAGO, IL 60678-1387
Medicaid	Agreement for Insurance Payor, Contract Nos. 437483702; 437483701	PO BOX 202948 AUSTIN TX 78720-2948
Medicare	Agreement for Insurance Payor, Contract Nos. 45-0508; 45-T508; 1X-5224	2020 TECHNOLOGY PARKWAY STE 100 MECHANISCSBURG PA 17050
Medtronic Carelink Express	Service Agreement	PO BOX 848086, DALLAS, TX 75284-8086
MedVed, Inc.	Agreement - July 1, 2023	2136 W CHESTERFIELD BLVD STE D106 SPRINGFIELD MO 65807
Medygate	BioMedical Management Program - July 15, 2021	447 S ROBERTSON BLVD #204, BEVERLY HILL, CA 90211
Molina	Agreement for Insurance Payor	5605 N MACARTHUR BLVD SUITE 400 IRVING TX 75038
Mom365	Services Agreement	3613 MURELLER ROAD ST CHARLES MO 63301
MSDS online	Velocity EHS Chemical Management Customer Order Form - April 27, 2016	DBA VELOCITY EHS27185 NETWORK PLACE, CHICAGO, IL 60673 US
MultiPlan, Inc.	Insurance payor contract	222 W LAS COLINAS BLVD IRVING TX 75039
Munawwer Khurshid, MD	Professional Services Agreement - October 24, 2023	1018 N MOUND ST STE 201 NACOGDOCHES TX 75961
MYLA	Full Service Plan with Biomerieux	PO BOX 500308, ST LOUIS, MO 63150-0308
Nacogdoches Cardiac Center	Professional Services Agreement - January 1 2024	1023 N MOUND ST STE K NACOGDOCHES TX 75961
Nacogdoches County EMS	Transportation Services Agreement - October 21, 2022	1018 N MOUND ST STE 105 NAC TX 75961
Nacogdoches County Hospital District	Hospital Facility Lease Agreement	1204 NORTH MOUND STREET, NACOGDOCHES, TEXAS 75961
Nacogdoches County Hospital District	Sublease Agreement (1810 N. Mound Street)	1204 NORTH MOUND STREET, NACOGDOCHES, TEXAS 75961
Nacogdoches County Hospital District	First Amended and Restated Sublease Agreement (1810 N. Mound Street)	1204 NORTH MOUND STREET, NACOGDOCHES, TEXAS 75961
Nacogdoches County Hospital District	Sublease Agreement (1002 N. Mound Street)	1204 NORTH MOUND STREET, NACOGDOCHES, TEXAS 75961
Nacogdoches County Hospital District	Sublease Agreement (1106/1108 South Street)	1204 NORTH MOUND STREET, NACOGDOCHES, TEXAS 75961
Nacogdoches County Hospital District	Assignment of Lease and Consent to Assignment (801 North Street)	1204 NORTH MOUND STREET, NACOGDOCHES, TEXAS 75961

SCHEDULE G ATTACHMENT
Executory Contracts and Unexpired Leases

Counter-Party Name	Description of Contract or Lease	Address
Nacogdoches Diagnostic Center	Utility Agreement - March 1, 2023	1023 N MOUND ST STE K, NACOGDOCHES, TX 75961
Nacogdoches Pulmonary & Sleep Associates	Professional Services Agreement - August 1, 2023	1209 N MOUND ST NACOGDOCHES TX 75961
Nacogdoches Transcription Solutions	Agreement - June 28, 2019	5284 W ST HWY 7, NACOGDOCHES, TX 75964
Nathan Drever, MD	Maternal Fetal Medicine Activation Agreement - December 6, 2022	707 HOLLYBROOK DR. SUITE 503, LONGVIEW, TX 75605 US
NATIONAL RESEARCH CORP	Membership Subscription Agreement HCAHPS & ED Solution	1245 Q STREET LINCOLN NE 68508
National Tax Resource Group	Service Agreement - October 5, 2021	14800 QUORUM DRIVE SUITE 510 DALLAS TX 75254
NCHD	LPPF Agreement - April 25, 2023 -	1018 N MOUND ST STE 105 NAC TX 75961
NCHD	Administrative Services Agreement - July 1, 2023	1018 N MOUND ST STE 105 NAC TX 75961
NCHD	Vehicle Lease Agreement - December 20, 2022	1018 N MOUND ST STE 105 NAC TX 75961
Netsmart Technologies, Inc. - UDSMR	Business Associates Agreement - July 22, 2023	11100 NALL AVENUE, OVERLAND PARK, KS 66211
Netsmart Technologies, Inc. - UDSMR	Facility Subscription Agreement - July 22, 2023	11100 NALL AVENUE, OVERLAND PARK, KS 66211
Network Box	Agreement - June 6, 2023	2825 WILCREST STE 259, HOUSTON, TX 77042 US
NMPG Multi Plan - March 15, 2023	Insurance payor contract	222 W LAS COLINAS BLVD IRVING TX 75039
North Texas Pathology Laboratories, LLC	Locums Pathology Agreement - November 25, 2020	PO BOX 1709, ROWLETT, TX 75030
Nova 401K	Agreement - December 1 2022	10777 NORTHWEST FREEWAY STE 440 HOUSTON TX 77095
NovaRad Corporation	License Support Agreement	PO BOX 859, PROVO, UT 84603
nThrive Revenue Systems, LLC	Master Agreement - July 25, 2018	PO BOX 733492, DALLAS, TX 75373-3492
NuTech, Inc.	Preferred Pricing Agreement	1301 CLINIC DRIVE, TYLER, TX 75701
Olin Fearing, MD	Pediatric On Call - August 1, 2023	3618 N. UNIVERISTY, NACOGDOCHES, TX 75965
Omnicell	Pricing Supplement Agreement - November 3, 2022	PO BOX 204650, DALLAS, TX 75320-4650
Omnilert	Services Agreement - July 31, 2023	PO BOX 178570, SAN DIEGO, CA 92177 US
Optum Advisory Services	Agreement for Quality Reporting - March 1 2020	PO BOX 84019, CHICAGO, IL 60689
Orkin	Commercial Services Agreement - August 22, 2022	DBA ORKIN OF THE PINES 12649 SH 30, COLLEGE STATION, TX 77045
Ortho Clinic Diagnostics	Service Agreement - December 15, 2021	1001 US ROUTE 202, RARITAN, NJ 08869
Ortho-Clinical Diagnostics, Inc.	GPO Product Agreement - July 1, 2011	1001 US ROUTE 202, RARITAN, NJ 08869
Outset Medical, Inc.	Master Sales and Service Agreement - September 28, 2022	3052 ORCHARD DRIVE, SAN JOSE, CA 95134
Outset Medical, Inc.	Order Agreement - September 28, 2022	3052 ORCHARD DRIVE, SAN JOSE, CA 95134
Outset Medical, Inc.	Order Agreement/Service Contract - November 1, 2023	3052 ORCHARD DRIVE, SAN JOSE, CA 95134
Overturf	Orthopedic Call Coverage - July 1, 2023	3816 N UNIVERSITY DRIVE, NACOGDOCHES, TX 75965
Partners Healthcare Group, PHG	Medical Equipment Planning - June 2023	5301 VIRGINIA WAY SUITE 130 BRENTWOOD TN 37027
Patton Brothers	Commercial Lease (801 North Street)	412 BOSTWICK ST., NACOGDOCHES, TEXAS 75965
PAXTON BROTHERS	801 North Street Commercial Lease	412 BOSTWICK ST NACOGDOCHES TX 75965
Peter Ramzy, MD	General Surgery Call Agreement - September 1, 2023	1023 N MOUND ST STE H NACOGDOCHES TX 75961
Peter Ramzy, MD	Trauma Medical Directorship - August 1, 2023	1023 N MOUND ST STE H NACOGDOCHES TX 75961
Philips	Service Agreement for COREMB (Volcano)	2425 NETWORK PLACE CGICAGO IL 60673-1242
Philips Healthcare Allura Clarity	FD20 Service Agreement	22100 BOTHELL EVERETT HIGHWAY PO BOX 3003 BOTHELL WASHINGTON 98041-3003
Physician Select Management	SaaS Hosting Services Agreement	318 N CARSON ST. SUITE 214, CARSON CITY, NV 89701
PioneerRx, LLC	Agreement	PO BOX 53407, SHREVEPORT, LA 71135
Premier Healthcare Solutions, Inc.	Master Service Agreement	5882 COLLECTIONS CENTER, CHICAGO, IL 60693
Premier Software Associates	Contract for Revenue Cycle reporting - June 13, 2013	997 WEST 950 NORTH SUITE 200, CENTERVILLE, UT 84014
Premier Software Associates, Inc	License Agreement- April 4, 2022	997 WEST 950 NORTH SUITE 200, CENTERVILLE, UT 84014
Premier Software Associates, Inc.	THCIC Agreement - June 12, 2013	997 WEST 950 NORTH SUITE 200, CENTERVILLE, UT 84014
Prosperity Bank	Account Access Authorization Agreement - May 30, 2023	1205 N NAVARRO STREET, VICTORIA, TX 77901
Prosperity Bank	Electronic Transfer Agreement - January 4, 2023	1205 N NAVARRO STREET, VICTORIA, TX 77901
Prosperity Bank	Deposit Account Control Agreement	1205 N NAVARRO STREET, VICTORIA, TX 77901
Prosperity Bank	Deposit Account Control Agreement (Springing)	1205 N NAVARRO STREET, VICTORIA, TX 77901
Prosperity Bank	Deposit Account Instructions and Service Agreement (Govt. Healthcare Receivables)	1205 N NAVARRO STREET, VICTORIA, TX 77901
Pulsara	Purchase Terms - August 12, 2022	2880 TECHNOLOGY BLVD WEST SUITE 183, BOZEMAN, MT 59718
Quest	Amendment of Agreement - September 2, 2022	PO BOX 740709. ATLANTA, GA 30374

SCHEDULE G ATTACHMENT
Executory Contracts and Unexpired Leases

Counter-Party Name	Description of Contract or Lease	Address
Quest Diagnostics	MRO Account Revision - December 5, 2022	PO BOX 740709, ATLANTA,GA 30374
Quest Healthcare Solutions	Lab Service Agreement	PO BOX 740709, ATLANTA,GA 30374
Rachel Head, MD	Urology Call Agreement - September 1, 2022	617 RUSSELL BLVD, NACOGDOCHES, TX 75965
Radiology Consultants of Nacogdoches, LLP	Radiology Medical Directorship - March 1, 2021	PO BOX 632728, NACOGDOCHES, TX 75963
Reagent	Prurchase Agreement - Plus	3130 GATEWAY DRIVE NORCROSS GA 330091-5625
Relode, LLC	Recruitment Agreement	7000 EXECUTIVE CENTER DRIVE BUILDING 2 STE 190 BRENTWOOD TN 37027
Richard Baker, MD	Medical Director of Cardiac Rehab - December 5, 2019	1301 RAGUET ST, NACOGDOCHES, TX 75961
Roche Diagnostics Corporation	Encompass Agreement	PO BOX 660367, MAIL CODE 5021, DALLAS, TX 75266
Ryan Head, MD	Pediatric On Call - July 1, 2020	625 RUSSELL BLVD, NACOGDOCHES, TX 75965
Sandman Studios Entertainment	Social Media Agreement	3972 QUAIL RIDGE DRIVE, PROVO, UT 84604
Sentact	Agreement for Reporting - March 2, 2023	2500 W HIGGINS ROAD, SUITE 150, HOFFMAN ESTATES, IL 60169 US
Sentinel Technologies	Agreement for IT security services - March 31, 2023	2550 WARRENVILLE ROAD, DOWNERS GROVE, IL 60515
Shirley, Brett, M.D.	Maxillo Facial Surgery Call Agreement - September 1, 2020	4800 NE STALLINGS DR STE 113, NACOGDOCHES, TX 75965
Siemens	Professional Service Quotation - January 30, 2023	PO BOX 121102 DEPT 0733, DALLAS, TX 75312-1102
Siemens	Dimension ExL Lease Agreement	PO BOX 121102, DEPT 0733, DALLAS, TX 75312-1102
Smart Facility Software	Service Agreement - February 21, 2023	2517 LEBANON PIKE SUITE 302 NASHVILLE TN 37214
SOUTH GATE SHOPPING CENTER	Signed Estopped Re Lease @ 1006 South Street	136 S BROADWAY WHITE PLAINS NY 10605
Southern Neuro Specialty, LLC	Service Agreement	PO BOX 459, PRAIRIEVILLE, LA 70769
Southwest Litho 11, LLC	Service Agreement	9010 STRADA STELL CT SUITE 103, NAPLES, FL 34109
Southwest Medical	First Amendment to First Addendum to Hospitalist Coverage and Services Agreement - October 1, 2023	PO BOX 2168, ROCKPORT, TX 78381
Southwest Medical	Termination Agreement - March 15, 2023	PO BOX 2168, ROCKPORT, TX 78381
Southwest Medical Associates	Confidentiality and Non-Disclosure Agreement	PO BOX 2168, ROCKPORT, TX 78381
Southwest Medical Associates, Inc	Hospitalist Coverage and Services Agreement	PO BOX 2168, ROCKPORT, TX 78381
Staff Care, Inc.	Agreement for Locum Tenens Coverage - November 16, 2021	8840 CYPRESS WATERS BLVD SUITE 300 DALLAS TX 75019
Stallings Court Nursing and Rehabilitation	Transfer Agreement - September 29, 2021	4616 NE STALLINGS DR NACOGDOCHES TX 75965
Stericycle	Agreement for Sharp pickup	PO BOX 6575, CAROL STREAM, IL 60197-6575
Stryker Sales, LLC	Service Agreement - November 1, 2023	C/O STRYKER SALES CORPORATION 21343 NETWORK PLACE, CHICAGO, IL 60673-1213
Sullins & Johnston Attorneys at Law, P.C.	Contract for Legal services - June 1, 2018	2200 PHOENIX TOWER 3200 SOUTHWEST FREEWAY HOUSTON TX 77027
Superior	Agreement for Insurance Payor	5900 E BEN WHITE BLVD AUSTIN TX 78741
Symmertry	Base Gas Sales Agreement - April 1, 2023	9811 KATY FREEWAY SUITE 140, HOUSTON, TX 77024
Symmetry	Natural Gas Sales - September 1, 2023	9811 KATY FREEWAY SUITE 140, HOUSTON, TX 77024
Symmetry	Natural Gas Sales Agreement - March 29, 2023	9811 KATY FREEWAY SUITE 140, HOUSTON, TX 77024
Teladoc Health, Inc.	Master Services and Technology Agreement - May 1, 2023	DEPT 3417, PO BOX 123417, DALLAS, TX 75312 US
Texas Children Health Plan	Agreement for Interance Payor	PO BOX 300709 HOUSTON TX 77230
Texas Childrens	Mutual Three-Party Confidentiality Agreement - October 26, 2022	6330 WEST LOOP SOUTH, SUITE 800 BELLAIRE TX 77401
Texas Children's Health Plan, Inc.	Amendment to Professional Services Agreement - September 20, 2022	6330 WEST LOOP SOUTH, SUITE 800 BELLAIRE TX 77401
Texas Home Health Hospice	General Inpatient Care Hospital Agreement - June 1, 2020	17855 N DALLAS PARKWAY SUITE 200 DALLAS TX 75287
Texas Hospital Association	Agreement for PSO Agreement - August 11, 2021	PO BOX 95353, GRAPEVINE, TX 76099-9733
Texas Workforce Commission	Agreement for employee benefits - November 11, 2022	TAX DEPARTMENT 101 E 115TH STREET, AUSTIN, TX 78778-0091
Texas Workforce Commission	Contract No. 3020VRS026	TAX DEPARTMENT 101 E 115TH STREET, AUSTIN, TX 78778-0091
Texas Workforce Commission	Amendment No. 2 - January 1, 2023	TAX DEPARTMENT 101 E 115TH STREET, AUSTIN, TX 78778-0091
TH Healthcare, LTD	Ancillary and Patient Services Agreement - February 28, 2022	FILE # 849788, DALLAS, TX 75284-9788
TH Healthcare, LTD	Borrowed Equipment and Supplies	FILE # 849788, DALLAS, TX 75284-9788
TH Healthcare, LTD	Transfer Agreement - February 17, 2022	FILE # 849788, DALLAS, TX 75284-9788
TH Healthcare, LTD.	Transfer Agreement - February 11, 2020	FILE # 849788, DALLAS, TX 75284-9788
TH Healthcare, LTD.	Ancillary and Patient Service Agreement	FILE # 849788, DALLAS, TX 75284-9788
The Fredonia Hotel -	Agreement for Corporate Hotel Rate - January 1, 2023	200 N FREDONIA ST, NACOGDOCHES, TX 75961
United Healthcare	Payor Agreement	PO BOX 5270 KINGSTON NY 12402-5270
USA MCO	Payor Agreement	4609 BEE CAVES ROAD SUITE 200 AUSTIN TX 78746

SCHEDULE G ATTACHMENT
Executory Contracts and Unexpired Leases

Counter-Party Name	Description of Contract or Lease	Address
WellMed	Payor Agreement	PO BOX 846032, DALLAS, TX 75284-6032
YPS Anesthesia	Memorandum of Understanding - April 26, 2023	200 GREENLEAVES BLVD SUITE 5, MANDEVILLE, LA 70448

Fill in this information to identify the case:Debtor name Lion Star Nacogdoches Hospital, LLCUnited States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXASCase number 23-43535-mxm11
(if known)☐ Check if this is an amended filingOfficial Form 206H**Schedule H: Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

- ☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
☐ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor**Column 2: Creditor****Name****Mailing address****Name***Check all schedules that apply:*

Fill in this information to identify the case:Debtor Name Lion Star Nacogdoches Hospital, LLCUnited States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXASCase number (if known): 23-43535-mxm11☐ Check if this is an amended filingOfficial Form 206Sum**Summary of Assets and Liabilities for Non-Individuals**

12/15

Part 1: Summary of Assets**1. Schedule A/B: Assets--Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from Schedule A/B..... **\$0.00****1b. Total personal property:**Copy line 91A from Schedule A/B..... **\$21,417,553.33****1c. Total of all property**Copy line 92 from Schedule A/B..... **\$21,417,553.33****Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, Amount of claim, from line 3 of Schedule D..... **\$5,383,067.09****3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of Schedule E/F..... **\$0.00****3b. Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F..... **+ \$12,823,320.86****4. Total liabilities**Lines 2 + 3a + 3b..... **\$18,206,387.95**

Fill in this information to identify the case and this filing:

Debtor Name Lion Star Nacogdoches Hospital, LLC

United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS

Case number 23-43535-mxm11
(if known)

Official Form 202**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets--Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *A Summary of Assets and Liabilities for Non-Individuals* (Official Form 206-Summary)
- ☐ Amended Schedule _____
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 01/07/2024
MM / DD / YYYY

x 

Signature of individual signing on behalf of debtor

Sean Fowler

Printed name

Chief Executive Officer

Position or relationship to debtor